

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049960

FILED
May 12, 2009
Secretary of State

Entity Name: CONCRETE WIZARD, LLC.

Current Principal Place of Business:

1550 WHITE STREET
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1697
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 26-0150823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARNOLD, KATHLEEN A
829 12TH AVE
NEW SMYRNA BEACH, FL 32169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, JAY
Address: PO BOX 1697
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: MGRM () Delete
Name: ARNOLD, KATHLEEN A
Address: PO BOX 1697
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAY ARNOLD

MGRM

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date