FILED
May 27, 2008 8:00 am
Secretary of State

03-20-2008 90180 041 ****50.00
04-16-2008 90119 020 ****93.75

30007757

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07000052449

1. Entity Name: Asphalt Equipment Services LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Asphalt Equipment Services LLC	Asphalt Equipment Services LLC
Suite, Apt. #, etc.: P.O. Box 196365	Suite, Apt. #, etc.: P.O. Box 196365
City & State: Winter Springs, Florida	City & State: Winter Springs, Florida
Zip: 32719 Country: USA	Zip: 32719 Country: USA

4. FEI Number: 26-0187583 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/17/08
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSIMO MARTONGELLI P.O. BOX 196365 WINTER SPRINGS FL. 32719	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E093B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] (COSIMO MARTONGELLI) 3/17/08 407-810-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #