L07000121127

(Requestor's Name)
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SECRETARY OF STATE

B. Tadock MAY 09 2008

B. Tadlock MAY 0 9 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lightweight Concrete Solution (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Patricia de la Paz (Name of Person)	
Lightweight Concrete Solutions, LLC (Firm/Company)	
5390 NW Akbar Terrace	·
· (Address)	
Port St Lucie, Fl. 34986	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Patricia de la Paz	at (772) 878-2526
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2008

LIGHTWEIGHT CONCRETE COLUTIONS, LLC ATTN: PATRICIA DE LA PAZ 5390 NW AKBAR TERRACE PORT ST. LUCIE, FL 34986

SUBJECT: LIGHTWEIGHT CONCRETE SOLUTIONS, LLC

Ref. Number: L07000121127

We have received your document for LIGHTWEIGHT CONCRETE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Letter Number: 508A00026298

Brenda Tadlock Senior Section Administrator

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is	Lightweight Concrete Solutions, LLC		
2. The mailing address of	of the limited liability co	ompany is : 5390 NW Akbar Terrac	е	
Port St Lucie, Fl. 34986				
12/2007		L07000121127		
3. Date of filing/registra	tion in Florida	4. Document number	r	
5. The name of the regist Florida Department of	ered agent and the regi	stered office address as shown on	the records of th	ne
•	Patricia de la Paz			
		Name		
	5390 NW Akbar Terr	race		
		Address		ت
Port St Lucie, Fl. 34986				SIAIC
	City,	State and Zip	08 MAY	Sign
6. The name and address	of the new registered a	gent and/of office:	1Y -9	N OF C
	Victor X. Perez	1-1/	PH	
	5390 NW Akbar Terra	Name ace	04:1	Y OF STATE ORPORATI
	Florida street addres	s (P.O. Box NOT acceptable)	0+1	SNO
	Port St Lucie, Fl. 3498	36 FL		
	City, S	State and Zip		
confirmed that after the cand the business office of liability company, it is he of the members of the life or the operating agreeme (Signature of a member or author Patricia de la Paz (Printed or typed name of signess)	thange or changes are not the registered agent we have confirmed that the mited liability company not of the limited liability crized representative of a member of the limited liability rized representative of a member of the limited liability rized representative of a member of the limited liability rized representative of a member of the limited liability rized representative of a member of the limited liability rized representative of a member of the limited liability rized representative of a member of the liability rized representative rized rized representative rized rize		the registered of a Florida limite by an affirmative rticles of organia	ffice d e vote zation
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 108, F.S. Or, if address, I hereby confirm	ontment as registered ans of all statules relatived accept the obligation this document is being that the limited liability	igent and agree to act in this capa le to the proper and complete perf ns of my position as registered age filed to merely reflect a change in ty company has been notified in w	city. I further a ormance of my o ent as provided j the registered o riting of this ch	gree to Juties, for in Office änge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)