2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L08000006373 FRANK GRAY CONCRETE, LLC. 2012 JUN 28 AM 10: 21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA 1105 W 11TH ST 1105 W 11TH ST LAKELAND, FL 33805 LAKELAND, FL 33805 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 05152012 CR2E083 (12/11) City & State City & State 4. FEI Number Applied For Not Applicable 26-1769849 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, FRANK Street Address (P.O. Box Number is Not Acceptable) 1105 W 11TH ST LAKELAND, FL 33805 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check payable to \$138,75 FILE NOW!!! FEE IS \$638.75 Florida Department of State Due by September 28, 2012 . B. (5,1) ADDRESS TO SERVE SERVE MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Addition TITLE Delete TITLE NAME GRAY, FRANK D NAME STREET ADDRESS 1105 W 11TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33805 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE 900236948979 NAME NAME 06/28/12--01036--001 \*\*13.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 980236948979 NAME NAME STREET ADDRESS STREET ADDRESS 06/28/12--01036---002 \*\*125.60 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 vered to execute this report as required by Chapter 608, Florida Statutes. -30-12 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE E-MAIL ADDRESS

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