1692

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EXAMINER



500162381105

11/04/09--01013--011 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DER CONCrete Service L.L.C. 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 this matter to the following:				
DANE RADCLIFF Name of Person				
DiR Concrete Services, L.L.C. Firm/Company	•			
2788 PONCE de LEON DRIVE Address				
NAPLES, FL 34/05 City/State and Zip Code				
dan tradcliff @ yahoo. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
DANE RADOLIFF at (&	l39) 745-0488			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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. Name of the limited liability company: De R Cond	rete Service	5, L.L.C	<u> </u>
2. (a) Principal office address of limited liability company:	× 4760	•	•
(Note: MUST BE STREET ADDRESS)	NAPLES, FL	34/05	<u> </u>
(b) Mailing address of limited liability company:	<u></u>	ME	
(Note: MAY BE POST OFFICE BOX)			
FEBRUARY 15,2008	1.08000016	921	
3. Date of filing/registration in Florida 4.	Document numb	er	
5. (a) Registered Agent and Registered Office shown on the		• • • •	of State:
	DANE RAde		
Registered Office Address:	4760 Oberon	1Ct.	
- 7	NAPLES, FL	34105	N 60
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office	<u>e address</u> :	7- AB
NEW Registered Agent:			2 S.X.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2788 Ponce de	LEON DRI	NE SE
(MOST DE LEGRIDATION DE LA LOSS)	Naples	,F	103 4.703
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	rida street address	of the registe	ered office
DANE RADCI IF			
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company h Ingriture of Registered Agent	ee to act in this ca er and complete p ion as registered i ly reflect a change as been notified in	pacity. I fur erformance o agent as prov in the regist n writing of t	ther agree to of my duties, vided for in tered office his change.

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