

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000066196

Entity Name: ELITE CONCRETE II LLC

FILED
Oct 16, 2009
Secretary of State

Current Principal Place of Business:

1104 BASIN ST
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

1104 BASIN ST
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PORCHE, EDWARD
1104 BASIN ST
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

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: EDWARD PORCHE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORCHE, EDWARD
Address: 1104 BASIN ST
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: PORCHE, ELIJAH
Address: 1104 BASIN ST
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGR () Change (X) Addition
Name: PORCHE, JEMRIAN
Address: 1104 BASIN ST
City-St-Zip: TALLAHASSEE, FL 32302

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: EDWARD PORCHE

MGRM

10/16/2009

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