

L08000066196

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

10 DEC 23 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800188383138
12/27/10--01002--004 **238.75



12232010 REIN-LLC CR2E101 (1/07)

DOCUMENT # L08000066196					
1. Entity Name ELITE CONCRETE II LLC					
Principal Place of Business 1104 BASIN ST TALLAHASSEE, FL 32302			Mailing Address 1104 BASIN ST TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # 1420 1/2 Connecticut St			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tallahassee FL			City & State Same		
Zip 32304		Country US		Zip Country	
6. Name and Address of Current Registered Agent PORCHE, EDWARD 1104 BASIN ST TALLAHASSEE, FL 32302				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1420 1/2 Connecticut St City Tallahassee FL Zip Code 32304	
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 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORCHE, EDWARD 1104 BASIN ST TALLAHASSEE, FL 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1420 1/2 Connecticut St Tallahassee FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORCHE, ELIJAH 1104 BASIN ST TALLAHASSEE, FL 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1420 1/2 Connecticut St Tallahassee FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORCHE, JEMRIAN 1104 BASIN ST TALLAHASSEE, FL 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1420 1/2 Connecticut St Tallahassee FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: DATE Daytime Phone #					

REINSTATEMENT

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