

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000105097

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** CONCRETE REPAIR SPECIALISTS, LLC

**Current Principal Place of Business:**

208 PINE WINDS DRIVE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

208 PINE WINDS DRIVE  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 45-3342750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STAETTER, AARON DOUGLAS  
208 PINE WINDS DRIVE  
SANFORD, FL 32773 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:** BARBARA ANN URENA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** STAETTER, AARON DOUGLAS  
**Address:** 208 PINE WINDS DRIVE  
**City-St-Zip:** SANFORD, FL 32773

**Title:** MGR  
**Name:** URENA, BARBARA ANN  
**Address:** 208 PINE WINDS DRIVE  
**City-St-Zip:** SANFORD, FL 32773

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** BARBARA ANN URENA

MGR

09/30/2014

Electronic Signature of Authorized Person

Date