FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90576 028 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000888

1. Entity Name
American Concrete Products Company, L.C.

DO NOT WRITE IN THIS SPACE

957223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
43 Sleepy hollow Road	P.O. Box 620
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doctor's Inlet, FL	City & State: Doctor's Inlet FL
Zip: 32030 Country:	Zip: 32030 Country:

4. FEI Number 59-3351217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Taylor, Larry Jr.
Street Address (P.O. Box Number is Not Acceptable): 43 Sleepy Hollow Road
City: Doctor's Inlet FL Zip Code 32030

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.

SIGNATURE ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	Taylor, Larry Jr.
STREET ADDRESS	P.O. Box 620
CITY-ST-ZIP	Doctor's Inlet, FL 32030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____________________ 4/30/02 904 264-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #