## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000000695

1. Entity Name

COUCH READY MIX USA AGGREGATE DIVISION, L.L.C.



**FILED** Feb 22, 2008 08:00 AN Secretary of State

Principal Place of Business

715 TWITCHELL ROAD DOTHAN, AL 36303

Mailing Address

PO BOX 020848 TUSCALOOSA, AL 35402



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 80-0007346		Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

LINDSEY, BOBBY

3008 HIGHWAY 95 SOUTH CANTONMENT, FL 32533			IN THIS SPACE					
the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered off	ice or registered agent, or bo	oth, in the State of	Florida. I am fam	iliar with, and acc	cept	
SIGNATURE.	Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent	I signature required when reinstating)		DATE			
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			U0000 02/29/09	0834928 90013-00	19 199 75		
9.	MANAGING MEMBERS/MANAGERS				<del> </del>	<del>'a' &amp; w'm' + 1 a'</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA, LLC 1550 MCFARLAND BLVD NORTH TUSCALOOSA, AL 35406			r ·		.*	ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<b>:</b> .	. **	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT V	WRITE	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN :	THIS S	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE					•		1	

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 AND TYPES

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #