## 2006 LIMITED LIABILITY COMPANY

## Jan 18, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # M02000002278 01-18-2006 90005 014 \*\*\*\*50.00 SUNBELT CRUSHING, LLC Principal Place of Business Mailing Address 20001535 3164 MIDTOWN PARK SOUTH 3164 MIDTOWN PARK SOUTH MOBILE, AL 36606 MOBILE, AL 36606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 01-0643989 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Delete TITLE Change ☐ Addition TITLE R. Huston Hollister - as sole member HOLLISTER, HUSTON NAME 3164 midtown Park South 3164 MIDTOWN PARK SOUTH STREET ADDRESS STREET ADDRESS MOBILE, AL 36606 CITY-ST-ZIP CITY-ST-ZIP 36600 Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

**FILED** 

☐ 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.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

R. Huston Halluton 251-470-0355