

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000018270

**Entity Name:** CAPILLARY CONCRETE, LLC

**Current Principal Place of Business:**

11320 FORTUNE CIRCLE  
SUITE G23  
WELLINGTON, FL 33414

**Current Mailing Address:**

11320 FORTUNE CIRCLE, SUITE G23  
WELLINGTON, FL 33414 US

**FEI Number:** 56-2285663

**Certificate of Status Desired:** No

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

STERNBERG, MARTIN  
11320 FORTUNE CIRCLE  
SUITE G23  
WELLINGTON, FL 33414 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	CONTROLLER
Name	STERNBERG, MARTIN	Name	FUNK, BRADLEY
Address	11320 FORTUNE CIRCLE SUITE G23	Address	11320 FORTUNE CIRCLE SUITE G23
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
Title	CONSTRUCTION MANAGER	Title	STAFF ACCOUNTANT
Name	BRUCE, NICK	Name	LAYMON, BRANDY
Address	11320 FORTUNE CIRCLE SUITE G23	Address	11320 FORTUNE CIRCLE SUITE G23
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADLEY FUNK

**CONTROLLER**

**11/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date