

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018270

**Entity Name:** CAPILLARY CONCRETE, LLC

**Current Principal Place of Business:**

610 SYCAMORE STREET  
SUITE 360  
CELEBRATION, FL 34747

**Current Mailing Address:**

610 SYCAMORE STREET  
SUITE 360  
CELEBRATION, FL 34747 US

**FEI Number:** 56-2285663

**Certificate of Status Desired:** Yes

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

STERNBERG, MARTIN  
610 SYCAMORE STREET  
SUITE 360  
CELEBRATION, FL 34747 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  
Name STERNBERG, MARTIN  
Address 610 SYCAMORE STREET  
SUITE 360  
City-State-Zip: CELEBRATION FL 34747

Title CONTROLLER  
Name FUNK, BRADLEY  
Address 610 SYCAMORE STREET  
SUITE 360  
City-State-Zip: CELEBRATION FL 34747

Title CONSTRUCTION MANAGER  
Name BRUCE, NICK  
Address 610 SYCAMORE STREET  
SUITE 360  
City-State-Zip: CELEBRATION FL 34747

*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**

**01/20/2023**

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

\_\_\_\_\_  
Date