DOCUMENT# L16000227847 Entity Name: P&S PAVING & FLORIDA INDUSTRIAL ELECTRIC JV, LLC		C Secretary	Feb 09, 2024 Secretary of State 9026552636CC	
3701 OLSON D	ncipal Place of Business: NR. ACH, FL 32124		9020332	203000
Current Mai	ling Address:			
3701 OLSOI DAYTONA E	N DR. BEACH, FL 32124 US			
FEI Number: 81-3590186 Certificate of Status			Certificate of Status Des	ired: Yes
Name and A	Address of Current Registered Agent:			
PHILLIPS, TIM				
3701 OLSON D DAYTONA BEA	ACH, FL 32124 US			
DAYTONA BEA		ng its registered office or regis	tered agent, or both, in the State of Flo	rida.
DAYTONA BEA	ACH, FL 32124 US	ng its registered office or regis	tered agent, or both, in the State of Flc	
DAYTONA BEA	ACH, FL 32124 US	ng its registered office or regis	tered agent, or both, in the State of Flo	
DAYTONA BEA The above named SIGNATURE	ACH, FL 32124 US d entity submits this statement for the purpose of changin E: <u>TIMOTHY W PHILLIPS</u> Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Flo	02/09/2024
DAYTONA BEA The above named SIGNATURE	ACH, FL 32124 US d entity submits this statement for the purpose of changir TIMOTHY W PHILLIPS	ng its registered office or regis	tered agent, or both, in the State of Flo	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized	ACH, FL 32124 US d entity submits this statement for the purpose of changin E: <u>TIMOTHY W PHILLIPS</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title	ACH, FL 32124 US d entity submits this statement for the purpose of changin TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title Name	ACH, FL 32124 US d entity submits this statement for the purpose of changin E: TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARF, MICHAEL J 3701 OLSON DR.	Title Name	MGR PHILLIPS, TIMOTHY W	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title Name Address	ACH, FL 32124 US d entity submits this statement for the purpose of changin E: TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARF, MICHAEL J 3701 OLSON DR.	Title Name Address	MGR PHILLIPS, TIMOTHY W 3701 OLSON DR.	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title Name Address City-State-Zip:	ACH, FL 32124 US d entity submits this statement for the purpose of changin TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARF, MICHAEL J 3701 OLSON DR. DAYTONA BEACH FL 32124	Title Name Address City-State-Zip:	MGR PHILLIPS, TIMOTHY W 3701 OLSON DR. DAYTONA BEACH FL 32124	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title Name Address City-State-Zip: Title	ACH, FL 32124 US d entity submits this statement for the purpose of changin E: TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARF, MICHAEL J 3701 OLSON DR. DAYTONA BEACH FL 32124 AUTHORIZED REPRESENTATIVE	Title Name Address City-State-Zip: Title	MGR PHILLIPS, TIMOTHY W 3701 OLSON DR. DAYTONA BEACH FL 32124 MANAGER	02/09/2024
DAYTONA BEA The above named SIGNATURE Authorized Title Name Address City-State-Zip: Title Name	ACH, FL 32124 US d entity submits this statement for the purpose of changin TIMOTHY W PHILLIPS Electronic Signature of Registered Agent Person(s) Detail : MGR SCHARF, MICHAEL J 3701 OLSON DR. DAYTONA BEACH FL 32124 AUTHORIZED REPRESENTATIVE HODGE, CHANDLER P	Title Name Address City-State-Zip: Title Name	MGR PHILLIPS, TIMOTHY W 3701 OLSON DR. DAYTONA BEACH FL 32124 MANAGER EIGENMANN, CONRAD 3701 OLSON DR.	02/09/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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: DIANA WEST

Title

Name

Address

**AUTHORIZED** REPRESENTATIVE 02/09/2024

FILED

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED REPRESENTATIVE

WEST, DIANA L

3701 OLSON DR. City-State-Zip: DAYTONA BEACH FL 32124