

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

DOCUMENT# L22000382020

**Entity Name:** CAPITAL CONCRETE & MASONRY SOLUTIONS, LLC

**Current Principal Place of Business:**

1000 RIVERSIDE AVENUE, SUITE 400  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1000 RIVERSIDE AVENUE, SUITE 400  
JACKSONVILLE, FL 32204 US

**FEI Number:** 30-0204129

**Certificate of Status Desired:** No

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

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION  
ONE INDEPENDANT DRIVE, SUITE 3300  
JACKSONVILLE, FL 32202 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           MANAGER  
Name           HOLMES, SR., LOCKWOOD P  
Address        1000 RIVERSIDE AVENUE, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32204

Title           MANAGER, PRESIDENT  
Name           CARLTON, ROBERT  
Address        1000 RIVERSIDE AVENUE, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32204

Title           MANAGER  
Name           HOLMES, AUSTIN  
Address        1000 RIVERSIDE AVENUE, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32204

Title           MANAGER  
Name           SMITH, GARRY  
Address        1000 RIVERSIDE AVENUE, SUITE 400  
City-State-Zip: JACKSONVILLE FL 32204

*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:** LOCKWOOD P. HOLMES, SR.

**MANAGER**

**04/04/2023**

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

\_\_\_\_\_  
Date