

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003412

**Entity Name:** SUWANNEE AMERICAN CEMENT COMPANY, LLC

**Current Principal Place of Business:**

4750 E. COUNTRY ROAD 470  
SUMTERVILLE, FL 33585

**Current Mailing Address:**

4750 E. COUNTRY ROAD 470  
SUMTERVILLE, FL 33585 US

**FEI Number:** 20-4255211

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** JENNIFER HIESTER

04/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MANOLAS, MONICA  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            VP  
Name            LAING, KENNETH C.  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            VP  
Name            MESSER, TOM  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            VP  
Name            IANC, REMUS  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            VP  
Name            COX, DIRK  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            SECRETARY, ASSISTANT  
                  TREASURER  
Name            BINGHAM, GEOFF  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            TREASURER, ASSISTANT  
                  SECRETARY  
Name            MONTZ, JEFF  
Address        4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title            ASSISTANT SECRETARY  
Name            HICKMAN, GARY P.  
Address        900 ASHWOOD PARKWAY  
                  SUITE 600  
City-State-Zip: ATLANTA GA 30338

**Continues on page 2**

*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:** GARY P. HICKMAN

ASSISTANT SECRETARY

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY, DIRECTOR  
Name TOOLAN, DAVID M.  
Address 900 ASHWOOD PARKWAY  
SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title DIRECTOR  
Name CROWLEY, MICHAEL J.  
Address 4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title DIRECTOR  
Name RANDOLPH, KIRK  
Address 4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title DIRECTOR  
Name KEATING, JOHN J.  
Address 14 MONUMENT SQUARE  
SUITE 302  
City-State-Zip: LEOMINSTER MA 01453

Title DIRECTOR  
Name STAVOLA, WILLIAM H.  
Address 4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585

Title DIRECTOR  
Name LAKE, RANDY  
Address 900 ASHWOOD PARKWAY  
SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title DIRECTOR  
Name MILLER, WILLIAM B.  
Address 900 ASHWOOD PARKWAY  
SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title DIRECTOR  
Name BARTON, BARNES  
Address 4750 E. COUNTRY ROAD 470  
City-State-Zip: SUMTERVILLE FL 33585