

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003635

**Entity Name:** ASSOCIATED ASPHALT TAMPA, LLC

**Current Principal Place of Business:**

2829 LAKELAND DRIVE  
FLOWOOD, MS 39232

**Current Mailing Address:**

P.O. BOX 23028  
JACKSON, MS 39225-3028 US

**FEI Number:** 26-0232371

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ASSOCIATED ASPHALT PARTNERS, LLC  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title PRESIDENT  
Name NATION, PATRICK  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title EXEC VP & CFO  
Name WALL, ALAN  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title EXEC VP  
Name PATRICK, KRIS  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title SENIOR VP  
Name BROOKS, DREW  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title SR VP - OPERATIONS  
Name ADAMS, STEVE  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title SR VP - SALES & MARKETING  
Name TOMKINS, LARRY  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

Title SECRETARY  
Name STONE, KATHRYN W  
Address 2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232

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*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:** ALAN WALL

EXEC VP & CFO

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title           TREASURER  
Name           HODGES, KENNETH E  
Address        2829 LAKELAND DRIVE  
City-State-Zip: FLOWOOD MS 39232