

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003925

Entity Name: MEADOW BURKE, LLC**Current Principal Place of Business:**2835 OVERPASS ROAD
TAMPA, FL 33619**Current Mailing Address:**2835 OVERPASS ROAD
TAMPA, FL 33619 US**FEI Number:** 27-3959527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name OLDCASTLE LIGHT BUILDING
PRODUCTS, LLC
Address 2835 OVERPASS ROAD
City-State-Zip: TAMPA FL 33619

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

Title MANAGER
Name LEHANE, EOIN
Address 900 ASHWOOD PARKWAY
SUITE 600
City-State-Zip: ATLANTA GA 30338

Title MANAGER
Name HAAS, KEITH A
Address 900 ASHWOOD PARKWAY
SUITE 600
City-State-Zip: ATLANTA GA 30338

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

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

MANAGER

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date