

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007706

**Entity Name:** CEMEX ADMIX USA, LLC

**Current Principal Place of Business:**

1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406 US

**FEI Number: 81-5370122**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 MGR, VP, SECRETARY  
Name EGAN, MIKE F  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title VICE PRESIDENT:  
Name WILD, MATTHEW J  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title VP  
Name NELSON, KELLY A  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title VP  
Name MARTINEZ, GUILLERMO  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. SECRETARY  
Name HEFFERNAN, JOHN V  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. SECRETARY  
Name IVEY, JAMES P  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title MANAGER, VP  
Name RENIC, TRPIMIR  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title VP, TREASURER, ASSISTANT SECRETARY  
Name QUINTANILLA, LUCIANO MARTINEZ  
Address 1501 BELVEDERE RD  
City-State-Zip: WEST PALM BEACH FL 33406

*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: QUINTANILLA , LUCIANO MARTINEZ**

**ASSISTANT SECRETARY 04/20/2021**

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

\_\_\_\_\_  
Date