2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000754

Entity Name: MIDDLESEX ASPHALT LLC

Current Principal Place of Business:

10801 COSMONAUT BLVD
ORLANDO, FL 32824

Current Mailing Address:

C/O THE MIDDLESEX CORPORATION
ONE SPECTACLE POND RD
LITTLETON, MA 01460

FEI Number: 59-3520400

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CT   01/08/2019

               Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	CHIEF EXECUTIVE OFFICER & MANAGING MEMBER
Name	PEREIRA, ROBERT W
Address	10801 COSMONAUT BOULEVARD
City-State-Zip:	ORLANDO FL 32824

Title	PRESIDENT SOUTHEAST REGION & MANAGER
Name	APONAS, ALFRED S
Address	10801 COSMONAUT BOULEVARD
City-State-Zip:	ORLANDO FL 32824

Title	PRESIDENT, CHIEF OPERATING OFFICER & MANAGING MEMBER
Name	PEREIRA, ROBERT W II
Address	ONE SPECTACLE POND ROAD
City-State-Zip:	LITTLETON MA 01460

Title	SR. V.P. FINANCE, CFO, SECRETARY & MANAGER
Name	MARTINKUS, PETER J.
Address	C/O THE MIDDLESEX CORPORATION ONE SPECTACLE POND RD
City-State-Zip:	LITTLETON MA 01460

Title	VICE PRESIDENT PLANTS
Name	LANDRY, MARK A.
Address	10801 COSMONAUT BLVD
City-State-Zip:	ORLANDO FL 32824

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: PETER J. MARTINKUS   SR. V.P. FINANCE, CFO,   01/08/2019
                                                                                          SECRETARY & MANAGER

       Electronic Signature of Signing Authorized Person(s) Detail   Date