

**2022 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:** No**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

01/17/2022

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 MARTINKUSSR. V.P. FINANCE, CFO,  
SECRETARY

01/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date