

# M12000000496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

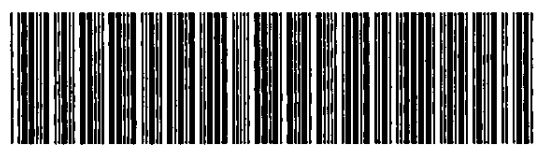
(Business Entity Name)

(Document Number)

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FALL MASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC - 5 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E & I REMODELING SERVICE , LLC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA DELCID

Name of Person

E & I REMODELING SERVICE

Firm/Company

33229 LARAMORE AVENUE

Address

PORT CHARLOTTE ,FL. 33952

City/State and Zip Code

hewervargas@mail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEWER VARGAS at ( 404 ) 432-0574

Name of Person

Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
 TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: E & I REMODELING SERVICE ,LLC.
2. This entity was formed under the laws of: STATE OF FLORIDA
3. This entity was authorized to transact business in Florida on 01/25/2012 and its Florida document/registration number is M12000000496
4. The name and address of each manager or managing member is as follows:

| <u>Title:</u>            | <u>Name and Address:</u>               |
|--------------------------|--|
| "MGR" = Manager          |  |
| "MGRM" = Managing Member |  |
| <u>MGRM</u>              | <u>HEWER VARGAS</u>                    |
|                          | <u>33229 LARAMORE AVENUE</u>           |
|                          | <u>PORT CHARLOTTE , FLORIDA. 33952</u> |
| <u>MGRM</u>              | <u>JULIO GAONA</u>                     |
|                          | <u>2406 9 STREET</u>                   |
|                          | <u>BRADENTON , FLORIDA.34208</u>       |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |
| <u>_____</u>             | <u>_____</u>                           |

Required Signature:   
 Signature of Manager, Managing Member or Member

Filing Fee: \$25