2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90032 047 ****50.00

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04142004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
FLORIDA DEMOLITION, LLC

Principal Place of Business	Mailing Address
714 GLASGOW CT WINTER SPRINGS, FL 32708	714 GLASGOW CT WINTER SPRINGS, FL 32708

	2. Principal Place of Business	3. Mailing Address
Street	32307 Oak Bluff Dr.	32307 Oak Bluff Dr.
Suite, Apt. #, etc.		~~Suite, Apt. #, etc.~~ Sorrento FL
City & State	Sorrento FL	Sorrento FL
Zip	32776	32776
Country		

4. FEI Number 59-3713255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOROS, JULIANA
114 GLASGOW CT
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Juliana Boros 4-13-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOROS, JUIANA 714 GLASGOW CT. WINTER SPRINGS, FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32307 Oak Bluff Dr. Sorrento FL 32776	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Juliana Boros 4-13-04 407-947-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #