

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90042 042 \*\*\*\*50.00

**DOCUMENT# L01000022393**

1. Entity Name

**DECORATIVE CONCRETE PATIO, LLC**

Principal Place of Business

Mailing Address

**801 N.E. 18TH COURT, #308  
FORT LAUDERDALE FL 33305**

**801 N.E. 18TH COURT, #308  
FORT LAUDERDALE FL 33305**

**90155607**

2. Principal Place of Business

**1100 SE 4th Ave**

3. Mailing Address

**1100 SE 4th Ave**

Suite Apt. #, etc.

**# 32**

Suite Apt. #, etc.

**# 32**

DO NOT WRITE IN THIS SPACE

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

4. FEI Number

**43-2125669**

Applied For

Not Applicable

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGUEIREDO, CRISTIANO**

**801 N.E. 18TH COURT, #308**

**FORT LAUDERDALE FL 33305**

Name

**TAX HOUSE CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)

**1261 EAST SAMPLE ROAD**

City

**POMPANO BEACH**

**FL**

Zip Code

**33064**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**09/09/03**

DATE

**FILE NOW! FEE IS \$50.00**

Make Check Payable to Department of State

**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **FIGUEIREDO, CRISTIANO**  
CITY-ST-ZIP **801 N.E. 18TH COURT, #308**  
**FORT LAUDERDALE FL 33305**

TITLE  Change  Addition  
NAME **MGRM**  
STREET ADDRESS **FIGUEIREDO, CRISTIANO**  
CITY-ST-ZIP **1100 SE 4th Ave # 32**  
**DEERFIELD BEACH, FL 33441**

TITLE  Delete  
NAME  
STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**09/09/03**

Date

**(954) 605-6935**

Daytime Phone #