


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90345 023 \*\*\*\*50.00

<b>DOCUMENT # L01000003851</b> 1. Entity Name <b>PROFESSIONAL DECORATIVE CONCRETE SERVICES, L.L.C.</b>					
Principal Place of Business <b>6869 STAPOINT CT SUITE 115 WINTER PARK, FL 32792</b>			Mailing Address <b>6869 STAPOINT CT SUITE 115 WINTER PARK, FL 32792</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03142007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>59-3709835</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>SMALLEY &amp; COMPANY P.A. 1527 E. CONCORD STREET ORLANDO, FL 32803</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Smalley &amp; Company P.L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1517 E. Hillcrest St.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RILEY, DAVE 657 CARRIGAN WOODS TRAILS OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR COLBURN, CHRISTIAN 2225 COBBLEFIELD CIRCLE APOPKA, FL 32703</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Dave Riley</i>			4/4/07      407-677-6262		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		