## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L01000003851

PROFESSIONAL DECORATIVE CONCRETE SERVICES, L.L.C.



Principal Place of Business

Mailing Address

**FILED** Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90241 011 \*\*\*138.75

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SUITE 115			SUITE 115				20011010				
WINTER PARI	K, FL 3279:	2	WINTER PARK, FL 32792				ERIOL ITATL ORGI ORGI ORGI	<b>     </b>	IIIRI IRME BIIGI MT	FOI III 1631	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State			4. FEI Numbe				plied For	
Zip Country		Country	Zip		ry	59-3709			\$5.00 Addi	t Applicable	
		,					of Status Desired		Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SMALLEY & COMPANY, P.L.					Name						
1517 EAST	T HILLCRI	EST <sup>.</sup> ST	Street Address			ess (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
ORLANDO	), FL 3280	03									
				Ci				Fl	Zip Code	3	
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 bits if applicable. (NOTE: Registered Agent signature required when rematating)  DATE									]		
	orginatore; typed	or printed mark of registerous against an	(4012)	. ricusaciou	Agont signature re	dured when the state of		DATE		,	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State											
AITOF May	1, 2008	ree will be \$536./5					Fiorida	Departr	nent of State	·	
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGE	S		
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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.

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

407-677-6267