9/29/2002-90004-002-$50.00-$50.00

FILED
02 OCT 22 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022393

1. Entity Name
DECORATIVE CONCRETE PATIO, LLC

Principal Place of Business	Mailing Address
~~1211 NE 32 STREET~~	~~1211 NE 32 STREET~~
~~POMPANO BEACH FL 33064~~	~~POMPANO BEACH FL 33064~~
801 NE 18th Ct. #308	801 NE 18th Ct. #308
Fort Lauderdale, FL 33305	Fort Lauderdale, FL 33305

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #. etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 432125069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEIREDO, CRISTIANO
~~1211 NE 32 STREET~~ 801 NE 18th Ct. #308
~~POMPANO BEACH FL 33064~~ Fort Lauderdale, FL 33305

7. Name and Address of New Registered Agent

Name: Figueiredo, Cristiano
Street Address (P.O. Box Number is Not Acceptable): 801 NE 18th Ct. 308
City: FORT LAUDERDALE FL Zip Code: 33305

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] 10/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cristiano Figueiredo 801 N.E. 18th Court, #38 ~~Fort Lauderdale, FL 33305~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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: [signature] REQUIRED 9/20/02 9545615670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #