

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

DOCUMENT# L01000022393

1. Entity Name

DECORATIVE CONCRETE PATIO, LLC

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

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

90155607

DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 N.E. 18TH COURT, #308 FORT LAUDERDALE FL 33305	Mailing Address 801 N.E. 18TH COURT, #308 FORT LAUDERDALE FL 33305
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2. Principal Place of Business 1100 SE 4th Ave	3. Mailing Address 1100 SE 4th Ave
Suite Apt. #, etc. # 32	Suite Apt. #, etc. # 32

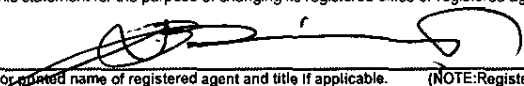
City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33441	Country USA

4. FEI Number 43-2125669	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FIGUEIREDO, CRISTIANO 801 N.E. 18TH COURT, #308 FORT LAUDERDALE FL 33305
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7. Name and Address of New Registered Agent Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1261 EAST SAMPLE ROAD City POMPANO BEACH FL Zip Code 33064

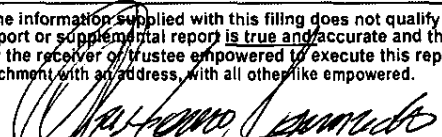
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE  **09/09/03**
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 May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIGUEIREDO, CRISTIANO 801 N.E. 18TH COURT, #308 FORT LAUDERDALE FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIGUEIREDO, CRISTIANO 1100 SE 4th Ave # 32 DEERFIELD BEACH, FL 33441 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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:  **09/09/03** (954) 605-6935
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #