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

90155607

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 SE 4th Ave	1100 SE 4th Ave
Suite Apt.#, etc, # 32	Suite. Apt. #. etc. # 32
City & Stale: DEERFIELD BEACH, FL	City & Stale: DEERFIELD BEACH, FL
Zip: 33441 Country: USA	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

7. Name and Address of New Registered Agent

Name: **TAX HOUSE CORPORATION**
Street Address (P 0. 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:Registere 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
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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: _____ 09/09/03 (954) 605-6935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #