

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024081

Entity Name: DEPENDABLE STUCCO, LLC

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

4714 NO. CLARK AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4714 NO. CLARK AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 52-2378507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINNREICH, KAREN J  
16314 VILLARREAL DE AVILA  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SINNREICH, KAREN J  
Address: 16314 VILLARREAL DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete  
Name: SINNREICH, HELENE J  
Address: 107 GYPSY LANE  
City-St-Zip: YOUNGSTOWN, OH 44505

Title: MGRM ( ) Delete  
Name: SINNREICH, MICHAEL E  
Address: 16314 VILLARREAL DE AVILA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN J. SINNREICH

PRES

01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date