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Apr 16, 2004 8:00 am
Secretary of State
04-02-2004 90254 030 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L03000014432

1. Entity Name
SURFACES CONTRACTORS, L.L.C.

Principal Place of Business	Mailing Address
1 S.E. 3RD AVENUE, SUITE 960 MIAMI, FL 33131	1 S.E. 3RD AVENUE, SUITE 960 MIAMI, FL 33131

03262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2012 N.E. 155th Street		2012 N.E. 155th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Miami Beach, FL		City & State: North Miami Beach, FL	
Zip: 33162	Country: USA	Zip: 33162	Country: USA

4. FEI Number 65-1194887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.
1 S.E. 3RD AVENUE, SUITE 960
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Benalloun, Elias 2012 N.E. 155th Street North Miami Beach, FL 33162	☒ 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 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: Elias Benalloun 03/30/04 (305)940-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #