

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021589

1. Entity Name
AMERICAN RENOVATION, LLC



Principal Place of Business
**107 E. GRAPE FRUIT CIRCLE
CLEARWATER, FL 33759 US**

Mailing Address
**31555 US HWY 19 N.
PALM HARBOR, FL 34684**



07072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0618192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARID, ASH
31555 US HWY 19 N.
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FARID, ASHRAF S
STREET ADDRESS	31555 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGR
NAME	ZULLO, TOM
STREET ADDRESS	31555 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/05-80011-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Tom Zullo 7-29-05 727-797-5494

Date

Daytime Phone #