

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 14, 2008 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  
107 E. GRAPEFRUIT CIRCLE  
CLEARWATER, FL 33759**



02042008 No Chg-LLC

CR2E083 (12/07)

**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, ASHRAF  
2323 STATE ROAD 580  
UNIT B  
CLEARWATER, FL 33763**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000828087  
02/22/08-80016-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME FARID, ASHRAF S  
STREET ADDRESS 2323 STATE ROAD 580, UNIT B  
CITY-ST-ZIP CLEARWATER, FL 33763**

**TITLE MGR  
NAME ZULLO, TOM  
STREET ADDRESS 107 E. GRAPEFRUIT CIRCLE  
CITY-ST-ZIP CLEARWATER, FL 33759**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* *Tom ZULLO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2-11-08* *727-797-5494*  
Date Daytime Phone #