2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90354 016 ****50.00

DOCUMENT # L03000022098 1. Entity Name INTERIOR DETAILS BY BYBLOS, LLC						04-16-2007 90354 016 ****50.00			
Principal Place	e of Business	Mailing Address	•						
7175 SW 47 ST. #210 MIAMI, FL 33155		7175 SW 47 ST. #210 MIAMI, FL 33155			60037311				
6 Division Di	No. of Business No. B.O. Brown	1 a 44-77							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb 16-168		— — — — — — — — — — — — — — — — — — —	plied For t Applicable		
Zip	Country	Zip Coun		try	5. Certificate	of Status Desired	□ \$5.00 Add		
	6. Name and Address of Curren	t Registered Agent	١		7. Name and	Address of New F	<u>`</u>	<u></u>	
				Name KAMAL T FARAH					
ZIEGLER, S. HARVEY ESQ 41 JOLLY ROGER DR.				Street Address (P.O. Box Number is Not Acceptable)					
	GO, FL 33037			7/7	5 5 (1)	. 47 5	t. #210		
					CIGNI)	. 7 / 🔾	FL Zip Code	2215	
8. The above	named entity submits this statement f	or the purpose of changing its	registere	L		oth, in the State of Fl		and accept	
	ions of registered agent.	Real			T FARAL	_	1. 10.07	·	
SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT			quired when reinstating)	VAN	DATE		
Filing Fee is \$50.00 Due by May 1, 2007							te check payable to a Department of State		
9.	MANAGING MEMB	ERS/MANAGERS	10.		·	ADDITIONS	/CHANGES		
TITLE	PST FARM T	☐ Delete	TITLE	[Change	Addition	
NAME STREET ADDRESS	FARAH, KAMAL T 7360 SW 116 TERRACE	NAM STRE		ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE	D	Delete	TITLE	- 1			Change	Addition	
NAME STREET ADDRESS	FARAH, LEILA S 7360 SW 116 TERRACE		NAM STRE	E ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33156			-ST-ZIP					
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CITY-SI-ZIP			NAM	·			∟ Change	Addition	
			STRE	E ET ADDRESS -ST-ZIP			∟ Change	Addition	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

- KAMALT FARAH JAN. 10. 07 305-662-6666 SIGNATURE: KAHAL T FABAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #