	MENT # L03000037	582		Mar	14, 2007 08:00 A
Entity Nar	TIVE CONSTRUCTION COM	IPANY LLC		Se	cretary of State
211 WEST	ce of Business BROWARD BLVD., STE. 375 N, FL 33324	Mailing Address PO BOX 43 BOCA RATON, FL 33429			
۵	DO NOT WRITE	IN THIS SP	ACE	Imministration of Status Desired	CR2E083 (11/05)  CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		I	
NAIMI, JOHN QUEMARS 8211 WEST BROWARD BLVD., STE. 375 PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE	
	e named entity submits this statement for	the purpose of changing its regi	stered office or register		lorida. 1 am familiar with, and accept
the obliga	tions of registered agent.	the purpose of changing its regi	stered office or register		lorida. 1 am familiar with, and accept
	tions of registered agent.		stered office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
the obliga INATURE. <b>F</b>	tions of registered agent.			ed agent, or both, in the State of F	
ihe obliga iNATURE: <b>F</b>	tions of registered agent. Signature, typed or printed name of registered egent a	nd tille if applicable. (NOTE: Reg		ed agent, or both, in the State of F	
he obliga NATURE. <b>F</b> D	tions of registered agent. Signature, typed or printed name of registered agent a iling Fee is \$50.00 bue by May 1, 2007 MANAGING MEMBER	nd tille if applicable. (NOTE: Reg		ed agent, or both, in the State of F	DATE
he obliga NATURE. F D ET ADDRESS	tions of registered agent. Signature, typed or printed name of registered agent a iling Fee is \$50.00 MANAGING MEMBEL MGRM NAIMI, JOHN QUEMARS 8211 W BROWARD BLVD #375	nd tille if applicable. (NOTE: Reg		ed agent, or both, in the State of F when reinstating)	DATE
TADDRESS	tions of registered agent. Signature, typed or printed name of registered agent a iling Fee is \$50.00 MANAGING MEMBEL MGRM NAIMI, JOHN QUEMARS 8211 W BROWARD BLVD #375	nd tille if applicable. (NOTE: Reg		ed agent, or both, in the State of F when reinstating)	DATE 066369 30068-002 50.00
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Davtime Phone #

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRES

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