

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053342

FILED  
Aug 28, 2008  
Secretary of State

Entity Name: DAN WARK INTERIORS, LLC

## Current Principal Place of Business:

2869 ALGARDI LN  
NORTH PORT, FL 34286

## New Principal Place of Business:

4405 NE 21 AV  
#6  
FT LAUDERDALE, FL 33308

## Current Mailing Address:

2869 ALGARDI LN  
NORTH PORT, FL 34286

## New Mailing Address:

4405 NE 21 AV  
#6  
FT LAUDERDALE, FL 33308

FEI Number: 26-1412915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

WARK, DANIEL  
2869 ALGARDI LN  
NORTH PORT, FL 34286      US

## Name and Address of New Registered Agent:

WARK, DANIEL D  
4405 NE 21 AV  
#6  
FT LAUDERDALE, FL 33308      US

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.

SIGNATURE: DANIEL WARK

08/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: WARK, DANIEL  
Address: 2869 ALGARDI LN  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: WARK, DANIEL  
Address: 4405 NE 21 AV #6  
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL WARK

PRES

08/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date