

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011235

**Entity Name:** M.D. BRITZ REMODELING, LLC

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5587 WILDE OAK WAY  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5587 WILDE OAK WAY  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-1068172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRITZ, MARK D  
5587 WILDE OAK WAY  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRITZ, MARK D MGR  
Address: 5587 WILDE OAK WAY  
City-St-Zip: SARASOTA, FL 34232

I hereby 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: MARK D. BRITZ

MGR

03/05/2010

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