2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015309

1. Entity Name

A DROP IN CEILING LIMITED LIABILITY COMPANY



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business 12122 N.W. 23D MANOR CORAL SPRINGS, FL. 33065 Mailing Address

12122 N.W. 23D MANOR CORAL SPRINGS, FL 33065



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03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-0421548 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SARTORI, WAYNE P 12122 N.W. 23D MANOR CORAL SPRINGS, FL 33065

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rematating)	DATE
SIGNATUR	E		
8. The abo	ve named entity submits this statement for the purpose of changi ations of registered agent.	ng its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000883310 04/17/08-80018-020 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM SARTORI, WAYNE P 12122 N.W. 23D MANOR CORAL SPRINGS, FL 33065		
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11. I hereby certify that the information supplied with this filing does not qualify for the ex			

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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:

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/08

757-6873

Daylime Phone #