

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000057986**

1. Entity Name  
**SOUTHERN SCAFFOLDS & BUILDING SUPPLY, LLC**



Principal Place of Business  
**11050 N.W. 36TH AVENUE  
MIAMI, FL 33167**

Mailing Address  
**11050 N.W. 36TH AVENUE  
MIAMI, FL 33167**

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1452352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GUERRA, RENE L PRES
STREET ADDRESS	13076 SAN MATEO
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	MGR
NAME	GUERRA, RENE A SEC/TRE
STREET ADDRESS	650 LEUCADENDRA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80062-017 50.00

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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:** \_\_\_\_\_

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

**2/5/07**

Date

**305-953-6965**

Daytime Phone #