


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000057986</b> 1. Entity Name SOUTHERN SCAFFOLDS & BUILDING SUPPLY, LLC	
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Principal Place of Business 11050 N.W. 36TH AVENUE MIAMI, FL 33167	Mailing Address 11050 N.W. 36TH AVENUE MIAMI, FL 33167
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1452352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

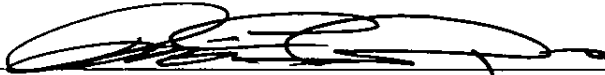
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUERRA, RENE L PRES 13076 SAN MATEO CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUERRA, RENE A SEC/TRE 650 LEUCADENDRA DRIVE CORAL GABLES, FL 33156
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U000000932454  
05/22/08-80055-011 138.75

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/29/08 <small>Date</small>	305-953-6965 <small>Daytime Phone #</small>