

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90376 023 ****50.00

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04292005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000061376			
1. Entity Name EURO PROFESSIONAL INSTALLATION MARBLE & TILE, LLC			
Principal Place of Business 5781 NW 112 AVE #105 MIAMI, FL 33178		Mailing Address 5781 NW 112 AVE #105 MIAMI, FL 33178	
2. Principal Place of Business 16475 Gold Club Road Suite, Apt. #, etc. # 313		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Weston, FL		City & State	
Zip 33326	Country USA	Zip	Country
4. FEI Number 20-1512990		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PICANOL SANDRA E 5781 NW 112 AVE #105 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: Everardo Borettini Street Address (P.O. Box Number is Not Acceptable) 16475 Gold Club Road # 313 City: Weston FL Zip Code: 33326	
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: Everardo Borettini <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICANOL, SANDRA E 5781 NW 112 AVE #105 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Everardo Borettini <input type="checkbox"/> Change <input type="checkbox"/> Addition 16475 Gold Club Road # 313 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORETTINI, EVERARDO 16475 GOLD CLUB ROAD #313 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Everardo Borettini		Date _____ Daytime Phone # _____	