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Secretary of State
03-03-2005 90027 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30003108

02162005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000061868

1. Entity Name
SDL REMODELERS, LLC

Principal Place of Business	Mailing Address
360 24TH STREET NW WINTER HAVEN, FL 33880	360 24TH STREET NW WINTER HAVEN, FL 33880

2. Principal Place of Business		3. Mailing Address	
360 24th St. N.W.		360 24th St. N.W.	
Suite, Apt. #, etc. 874		Suite, Apt. #, etc. 874	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33880	Country USA	Zip 33880	Country USA

4. FEI Number 20-1304712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, STEPHEN D
360 24TH STREET NW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 02-19-05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen D. Leonard 360 24th St. N.W. #874 Winter Haven, FL. 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 02-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #