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Aug 22, 2005 8:00 am
Secretary of State
08-01-2005 90092 003 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000070421

1. Entity Name
MARQUEZ STUCCO & LATH LLC

Principal Place of Business	Mailing Address
3607 WEST BAKER ST., LOT T PLANT CITY, FL 33563	3607 WEST BAKER ST., LOT T PLANT CITY, FL 33563

30010791

07012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2712 Wilder Trace CT	2712 Wilder Trace CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City Fl	City & State: Plant City Fl 33566
Zip: 33566 Country: USA	Zip: Country: USA

4. FEI Number: 56-2482608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUEZ, ALFREDO 3607 WEST BAKER ST., LOT T PLANT CITY, FL 33563	Name: Street Address (P.O. Box Number is Not Acceptable): 2712 Wilder Trace CT City: Plant City FL Zip Code: 33566

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: Alfredo Marquez 7-11-05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfredo Marquez 2712 Wilder Trace CT Plant City Fl, 33566 ☐ 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: Alfredo Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #