


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90039 042 ****50.00

DOCUMENT # L04000090947																																																																													
1. Entity Name RESIDENTIAL DETAILING BY ALEX SARDINA, L.L.C.																																																																													
Principal Place of Business 3590 8TH AVENUE NE NAPLES FL 34120			Mailing Address 3590 8TH AVENUE NE NAPLES FL 34120																																																																										
2. Principal Place of Business			3. Mailing Address																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip	Country	Zip	Country	4. FEI Number 20-1907540																																																																									
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																									
SARDINA, ALEX 3590 8TH AVENUE NE NAPLES FL 34120				Name																																																																									
				Street Address (P.O. Box Number is Not Acceptable)																																																																									
				City																																																																									
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																									
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: <u><i>Alex Sardina</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: _____																																																																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SARDINA, ALEX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3590 8TH AVENUE NE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NAPLES FL 34120</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SARDINA, ALEX		STREET ADDRESS	3590 8TH AVENUE NE		CITY- ST- ZIP	NAPLES FL 34120		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 606, Florida Statutes.																																																																													
SIGNATURE: <u><i>Alex Sardina</i></u>				05.14.05 239 299 3747 Date Daytime Phone #																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																													