2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31/2006-90045-008-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:14

DOCUMENT # L05000033209

1. Entity Name
RODRIGUEZ STUCCO, LLC

Principal Place of Business	Mailing Address
5236 CURRY FORD RD 414 ORLANDO, FL 32812	5236 CURRY FORD RD 414 ORLANDO, FL 32812

08162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 571033
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32857-1033 / Country

4. FEI Number: 20-2624374 ☐ 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
RODRIGUEZ, ROSA 5236 CURRY FORD ROAD 414 ORLANDO, FL 32812	Name: Rosa Rodriguez Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 571033~~ City: Orlando FL Zip Code: 32857-1033

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: ROSA RODRIGUEZ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 8/29/06

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, ROSA 5236 CURRY FORD ROAD #414 ORLANDO, FL 32812	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ROSA RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #