2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 17, 2008 8:00 am Secretary of State **DOCUMENT #L05000092175** 03-17-2008 90264 029 ***143.75 SEREZ CONSTRUCTION SERVICES, LLC Principal Place of Business Mailing Address **60015322** 8095 NW 64 ST 8095 NW 64 ST MIAMI, FL 33166 US MIAMI, FL 33166 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3521401 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, EUGENIO 8095 NW 64 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33166 Zip Code 8. The above named entity submits in 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. Eugenia Fernandez (NOTE: Registered Agenti signature required when reinstating) Signature, typed or printed name of registered agent and title if applic FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM President TOLE Addition ☐ Detete ☐ Channe FERNANDEZ, EUGENIO Bernardo Duran NAME NAME 8095 NW 64 St STREET ADDRESS 8095 NW 64 ST STREET ADDRESS FL. 33166 CITY-ST-ZIP MiAMI, FL 33166 Miami. CITY-ST-7IP MGRM ☐ Delete TITLE ☐ Change Addition ORDONEZ, RICARDO NAME NAME STREET ADDRESS 8095 NW 64 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Eugenio Fernandez 3/12/08 305-500-9373

FILED