


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90336 027 \*\*\*\*50.00

**DOCUMENT # L05000094514**

1. Entity Name  
**R & S DESIGN AND RENOVATION LLC**



Principal Place of Business  
**6011 NORTH WEST 7TH AVE  
 MIAMI, FL 33127 US**

Mailing Address  
**6011 NORTH WEST 7TH AVE  
 MIAMI, FL 33127 US**

2. Principal Place of Business  
**4874 SE 135th Place**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4874 SE 135th Place**  
 Suite, Apt. #, etc.


City & State  
**Summerfield FL**

City & State  
**Summerfield FL**

Zip  
**34491** Country  
**US**

Zip  
**34491** Country  
**US**

**20047263**



04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**26-0127344** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TROTMAN, ROMMEL MR  
 6011 NORTH WEST 7TH AVE  
 MIAMI, FL 33127**

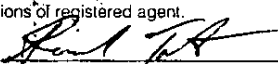
7. Name and Address of New Registered Agent

Name **ROMMEL Trotman**

Street Address (P.O. Box Number is Not Acceptable)  
**4874 SE 135th Place**

City **Summerfield** FL Zip Code **34491**

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  DATE **6/9/06**

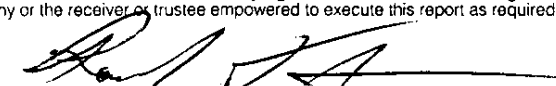
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TROTMAN, ROMMEL MR 6011 NORTH WEST 7TH AVE MIAMI, FL 33127</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Trotman Rommel MR 4874 SE 135th Place Summerfield FL 34491</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **6/9/06** 914-261 7142

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