

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 024 ****55.00

DOCUMENT # L06000006768	
1. Entity Name C. MARRERO ARCHITECTURE & DESIGN, LLC	

Principal Place of Business 2740 FOUNTAIN VIEW CIRCLE SUITE 104 NAPLES, FL 34109	Mailing Address 2740 FOUNTAIN VIEW CIRCLE SUITE 104 NAPLES, FL 34109
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2. Principal Place of Business - No P.O. Box # 3751 STATE ROAD 84	3. Mailing Address 3751 STATE ROAD 84
Suite, Apt. #, etc. # 105	Suite, Apt. #, etc. # 105

City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
Zip 33312	Zip 33312
Country U.S.A.	Country U.S.A.

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARRERO, CARLOS A 2740 FOUNTAIN VIEW CIRCLE SUITE 104 NAPLES, FL 34109	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 3/29/2007

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 May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRERO, CARLOS A 2740 FOUNTAIN VIEW CIRCLE, SUITE 104 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.
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SIGNATURE  **3/29/2007**