

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 009 ***143.75

DOCUMENT # L06000006768

1. Entity Name
C. MARRERO ARCHITECTURE & DESIGN, LLC



60016039



Principal Place of Business Mailing Address
3751 STATE RD 84 **3751 STATE RD 84**
105 **105**
DAVIE, FL 33312 **DAVIE, FL 33312**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3751 W. STATE ROAD 84 **3751 W. STATE ROAD 84**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
105 **105**

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

03162008 Chg-LLC CR2E083 (12/06)

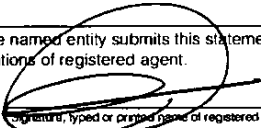
4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent
 Name
MARRERO, CARLOS A
 Street Address (P.O. Box Number is Not Acceptable)
3751 W. STATE ROAD 84, SUITE 105
 City State Zip Code
DAVIE **FL** **33312**

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 **3/16/2008**

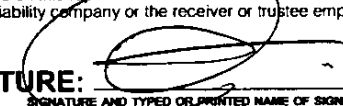
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

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	MGRM MARRERO, CARLOS A. 3751 W. STATE ROAD 84, SUITE 105 DAVIE, FLORIDA 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINCON, CAROLINA 3751 W. STATE ROAD 84, SUITE 105 DAVIE, FLORIDA 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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.

SIGNATURE:  DATE **3/16/2008** DAYTIME PHONE # **(239) 225-8668**

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