

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015472

FILED
May 01, 2008
Secretary of State

Entity Name: CORINNE'S COMPLETE CLOSINGS LLC

Current Principal Place of Business:

8 GLAMIS WAY
BOYNTON BEACH, FL 33140

New Principal Place of Business:

6493 VIA REGINA
BOCA RATON, FL 33433

Current Mailing Address:

8 GLAMIS WAY
BOYNTON BEACH, FL 33140

New Mailing Address:

6493 VIA REGINA
BOCA RATON, FL 33433

FEI Number: 03-0582649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SEIF, DAVID T ESQ.
915 MIDDLE RIVER DRIVE, SUITE 205
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRAVERMAN, CORINNE
Address: 8 GLAMIS WAY
City-St-Zip: BOYNTON BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRAVERMAN, CORINNE
Address: 6493 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CORINNE BRAVERMAN

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date