## 2008 LIMITED LIABILITY COMPANY

## **Secretary of State ANNUAL REPORT** 02-21-2008 90069 002 \*\*\*138.75 DOCUMENT # L06000025451 SINAI DRYWALL FINISHER LLC Principal Place of Business Mailing Address 60009749 **4682 CAPUTO AVENUE 4682 CAPUTO AVENUE** NORTH PORT, FL 34288 NORTH PORT, FL 34288 02152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4463004 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required -5.-Name and Address of Current Registered Agent-SEGURA, JOSE A DO NOT WRITE **4682 CAPUTO AVENUE** NORTH PORT, FL 34288 IN THIS SPACE 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 . \* Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) , DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME SEGURA, JOSE A STREET ADDRESS 4682 CAPUTO AVENUE NORTH PORT, FL 34288 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 also and acquirate 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 jeceity or trustee empowered to execute this report as jequired by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** Feb 21, 2008 8:00 am