2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L06000048532 02-21-2007 90102 018 ****50.00 MEDITERRANEAN REMODELING, LLC Principal Place of Business Mailing Address 4117 BOUGAINVILLA DR 4117 BOUGAINVILLA DR 502 LAUDERDALE-BY-THE-SEA, FL 33308 LAUDERDALE-BY-THE-SEA, FL 33308 Principal Place of Business - No Pro. Box # 02 Notting Ham Lac 3. Mailing Address) //OD NOTTINGHAM Suite, Apt. #, etc. Suite, Apt. #, etc. 02042007 Chq-LLC CR2E083 (12/06) Applied For City & State Gity & State MINION NOTAYO Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARAJ, ELTON Street Address/(P.O) Box Number is Not Acceptable) 4117 BOUGAINVILLA DR LAUDERDALE-BY-THE-SEA, FL 33308 8. The above named entity submits this statement for the purpose of changing its registered office or registered age: or both, in the State of Florida. Lam familia the obligations of registered agent ELTON KARAJ SIGNATURE Sontener ryfold or placed name of regres (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Que by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** TITLE Change Addition Detete KARAT ELTON KARAJ, ELTON NAME 102 NO FINGHAM HACE 4117 BOUGAINVILLA DR # 502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE-BY-THE-SEA, FL 33308 CITY-ST-ZIP TITLE ☐ Change ☐ Delete DILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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. ELTON KARAI SIGNATURE: BORT NAME OF SIGN ER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED

Feb 21, 2007 8:00 am