

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079309

Entity Name: SOUTH FLORIDA RENOVATION, LLC

FILED  
Mar 13, 2008  
Secretary of State

**Current Principal Place of Business:**

1682 SE MISTLETOE STREET  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1682 SE MISTLETOE STREET  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 51-0597761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAYMOND, ANN M  
1682 SE MISTLETOE STREET  
PORT ST LUCIE, FL 34983 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: RAYMOND, KENNETH W  
Address: 1682 SE MISTLETOE STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM ( ) Delete  
Name: RAYMOND, ANN M  
Address: 1682 SE MISTLETOE STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAYMOND, KENNETH W  
Address: 1682 SE MISTLETOE STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGR (X) Change ( ) Addition  
Name: RAYMOND, ANN M  
Address: 1682 SE MISTLETOE STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

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: ANN M. RAYMOND

MGR

03/13/2008

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