


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 003 ****50.00

DOCUMENT # L06000081431 1. Entity Name DICARLO CONSTRUCTION L.L.C.			
Principal Place of Business 810 N.E. 4TH AVE. FT. LAUDERDALE FL 33304 US		Mailing Address 810 N.E. 4TH AVE. FT. LAUDERDALE FL 33304 US	
2. Principal Place of Business - No P.O. Box # 3800 Galt Ocean Dr.		3. Mailing Address 	
Suite, Apt. #, etc. # 104		Suite, Apt. #, etc. 	
City & State Ft. Lauderdale FL		City & State 	
Zip 33334	Country 	Zip 	Country
6. Name and Address of Current Registered Agent DICARLO, ARLENE 810 N.E. 4TH AVE. FT. LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Arlene DiCarlo</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICARLO, ARLENE 810 N.E. 4TH AVENUE FORT LAUDERDAL FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Arlene DiCarlo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="display: flex; justify-content: space-between;"> 8/24/07 954-734-3843 </div> <small>Date Daytime Phone #</small>	



2nd MOORE CR2E083 (4/07)

4. FEI Number 20-8536231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	