

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100773

FILED
May 08, 2008
Secretary of State

Entity Name: MALDONADO FRAMING LLC

Current Principal Place of Business:

4108 YOTHERS ROAD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

4108 YOTHERS ROAD
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-5713863 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:

Name and Address of New Registered Agent:

MALDONADO, FELIMON
4108 YOTHERS ROAD
APOPKA, FL 32712 US

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: PRES () Delete
Name: MALDONADO, FELIMON
Address: 4108 YOTHERS ROAD
City-St-Zip: APOPKA, FL 32712

Title: SEC () Delete
Name: MALDONADO, VICENTE
Address: 4108 YOTHERS ROAD
City-St-Zip: APOPKA, FL 32712

Title: TREA () Delete
Name: MALDONADO, HUGO
Address: 4108 YOTHERS ROAD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FELIMON MALDONADO

PRES

05/08/2008

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