2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



07-16-2007 90039 001 ****55 00 DOCUMENT # L06000114463 MARTIN BUILDING & REMODELING, LLC Principal Place of Business Mailing Address 60052550 2840 NE 24TH COURT 2840 NE 24TH COURT FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06132007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-5960019 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGUIN, ROSEMARIE J MA Street Address (P.O. Box Number is Not Acceptable) 2840 NE 24TH COURT FORT LAUDERDALE, FL 33305 City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. MGRM ☐ Change ☐ Addition DITTE TITLE ☐ Delete SEGUIN, ROSEMARIE J MA NAME NAME 2840 NE 24TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Change Addition **MGRM** ☐ Delete TITLE TITLE SEGUIN, FRANCIS E NAME NAME STREET ADDRESS STREET ADDRESS 2840 NE 24TH COURT CITY-ST-ZIP CITY-S1-ZIP FORT LAUDERDALE, FL 33305 ☐ Addition Change MGRM ☐ Delete TITLE TITLE NAME MARTIN, STEVE NAME STREET ADORESS STREET ADDRESS 2840 NE 24 TH COURT FORT LAUDERDALE, FL 33305 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

osemane SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARIA

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

une 12-07

FILED

Jul 16, 2007 8:00 am Secretary of State

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