

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010362

Entity Name: C & F REMODELING, LLC

FILED
May 14, 2008
Secretary of State

Current Principal Place of Business:

BRICKELL ON THE RIVER
31 S.E. 5TH STREET
MIAMI, FL 33131

New Principal Place of Business:

BRICKELL ON THE RIVER
31 S.E. 5TH STREET
MIAMI, FL 33131 US

Current Mailing Address:

BRICKELL ON THE RIVER
31 S.E. 5TH STREET
MIAMI, FL 33131

New Mailing Address:

BRICKELL ON THE RIVER
31 S.E. 5TH STREET
MIAMI, FL 33131 US

FEI Number: 20-8849710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ROGHI, FRANCOIS
BRICKELL ON THE RIVER
31 S.E. 5TH STREET
MIAMI, FL 33131 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: ROGHI, FRANCOIS
Address: 31 S.E. 5TH STREET
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: ROGHI, FABIENNE
Address: 31 S.E. 5TH STREET
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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: FRANCOIS ROGHI

MGR

05/14/2008

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