2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/2008-90032-035-$143.75-$143.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN -2 PM 1:18

DOCUMENT # L07000012702

1. Entity Name
PEREZ HOME IMPROVEMENT LLC

Principal Place of Business	Mailing Address
3725 KEY PL SARASOTA, FL 34239	3725 KEY PL SARASOTA, FL 34239

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		3725 Key PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA Florida		City & State: SARASOTA, FL	
Zip: 34239	Country: USA	Zip: 34239	Country: USA

4. FEI Number: 06-1809066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMANDO PEREZ
3725 KEY PL
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Armando Perez 04/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MNGM NAME: Armando Perez STREET ADDRESS: 3725 Key PL CITY-ST-ZIP: SARASOTA FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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B. Tadlock JUN 02 2008

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: Armando Perez 04/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #