

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031275

FILED
Feb 01, 2008
Secretary of State

Entity Name: AWESOME REMODELLING AND HOME DECOR, LLC

Current Principal Place of Business:

334 BLUE BAYOU DR
KISSIMMEE, FL 34743

New Principal Place of Business:

278 COMPETITION DR
KISSIMMEE, FL 34743

Current Mailing Address:

PO BOX 452301
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-8678544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, RAYMOND
334 BLUE BAYOU DR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

SUAREZ, RAYMOND
278 COMPETITION DR
KISSIMMEE, FL 34743 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: RAYMOND SUAREZ

02/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUAREZ, RAYMOND
Address: PO BOX 452301
City-St-Zip: KISSIMMEE, FL 34745

Title: MGRM () Delete
Name: RIVERA, WILFREDO III
Address: PO BOX 452301
City-St-Zip: KISSIMMEE, FL 34745

Title: MGRM () Delete
Name: MERCED, JULIA A
Address: PO BOX 452301
City-St-Zip: KISSIMMEE, FL 34745

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: RAYMOND SUAREZ

MGRM

02/01/2008

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