


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 015 ***138.75

DOCUMENT # L07000035940	
1. Entity Name DR'S INTERIOR/EXTERIOR CONSTRUCTION, LLC	

Principal Place of Business 6290 FOOTPRINT DRIVE PENSACOLA, FL 32526 US	Mailing Address 6290 FOOTPRINT DRIVE PENSACOLA, FL 32526 US
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60014286



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 6290 FOOTPRINT DR	Suite, Apt. #, etc. SAME
City & State PENSACOLA FL	City & State
Zip 32526	Country

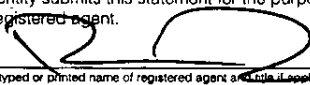
01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4606418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
RIVERA, DANIEL 6290 FOOTPRINT DRIVE PENSACOLA, FL 32526	

7. Name and Address of New Registered Agent	
Name DANIEL RIVERA	
Street Address (P.O. Box Number is Not Acceptable) 6290 FOOTPRINT DR	
City PENSACOLA	State FL
Zip Code 32526	

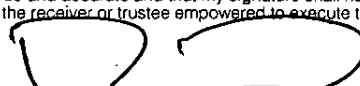
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DANIEL RIVERA** 1-18-08
Signature, typed or printed name of registered agent or authorized representative. (NOTE: Registered agent signature required when instituting change.) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, DANIEL 6290 FOOTPRINT DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, WALDINA 6290 FOOTPRINT DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **1-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #