

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90124 010 ***138.75

DOCUMENT # L07000041250

1. Entity Name
COUTERTOPS DIRECT LLC



Principal Place of Business
5170 CENTRAL SARASOTA PARKWAY
206
SARASOTA, FL 34238 US

Mailing Address
5170 CENTRAL SARASOTA PARKWAY
206
SARASOTA, FL 34238 US

2. Principal Place of Business - No P.O. Box #

5150 CENTRAL SARASOTA PKY

Suite, Apt. #, etc.

106

City & State
Sarasota, FL

Zip

34238

Country

US

3. Mailing Address

5150 CENTRAL SARASOTA PKY

Suite, Apt. #, etc.

106

City & State
SARASOTA, FL

Zip

34238

Country

US



03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8882182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DASILVA, PEDRO M
5170 CENTRAL SARASOTA PARKWAY
206
SARASOTA, FL 34238

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

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

TITLE MGRM
NAME DASILVA, PEDRO M
STREET ADDRESS 5170 CENTRAL SARASOTA PRWY #206
CITY-ST-ZIP SARASOTA, FL 34238

☐ Delete

TITLE MGRM
NAME PEREIRA, MARCOS
STREET ADDRESS 3301 58TH AVENUE WEST
CITY-ST-ZIP BRADENTON, FL 34210

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-1-2008 (941) 961-8003