


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/5/2008-90065-014-\$138.75-\$138.75

DOCUMENT # L07000042096

1. Entity Name
HENRY DINARDI HOME IMPROVEMENTS LLC



FILED

2008 OCT 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE CR2E083 (4/08)

Principal Place of Business Mailing Address
4175 NATCHEZ TERRACE 4175 NATCHEZ TERRACE
NORTH PORT FL 34287 NORTH PORT FL 34287
US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **35-2347750** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DINARDI, HENRY
4175 NATCHEZ TERRACE
NORTH PORT FL 34287**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$538.75.
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME DINARDI, HENRY
STREET ADDRESS 4175 NATCHEZ TERRACE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Delete
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Henry Dinardi* Date: 9/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STATEMENT

941-423-1920