2008 LIMITED LIABILITY COMPA ANNUAL REPORT (AR)

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

20			BILITY CO		ANY		9/5/200	8-90065-0	14-\$138	.75-\$138	3.75	
DOCUMENT # L07000042096 1. Entity Name												
HENRY DINARDI HOME IMPROVEMENTS LLC							2000 (20T + E	am ii	: 14		
Principal Plac	e of Business		Mailing Address			2008 OCT 15 AM 11: 14						
4175 NATCHEZ TERRACE			4175 NATCHEZ TERRACE				SECRETARY OF STATE					
NORTH PORT FL 34287 US			NORTH PORT FL 34287 US				TALL		HHİ	i i i i i i i i i i i i i i i i i i i		
2. Principal P	lace of Business - N	o P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	'	2nd MOOR	E	CR2E083	3 (4/08)	
City & Stat	le	- 	City & State				4. FEI Nur	Tiber	17-	750	_ 	oplied For
Zip	Coun	Zip	ntry	5. Certificate of Status Desired S5.00 Additional Fee Required					ditional			
	6. Name and Ad	dress of Current F	Registered Agent				7. Name and Address of New Registered Agent					
					Name							
DINARDI, HENRY 4175 NATCHEZ TERRACE NORTH PORT FL 34287				Street	ret Address (P.O. Box Number is Not Acceptable)							
					City		·			FL	Zip Cod	le
	named entity submit tions of registered age		the purpose of changing i	ts register	ed office o	r registere	ed agent, or	both, in the S	tate of Flor		. I amiliar with,	and accept
-					,	•						
SIGNATURE	Signature, typed or printed to	arte of Hig-Citred agont or	nd tile il applicable. (NC	OTE Registors	d Agont suin	line required	when (amalabing)			DATE		
		-	FILEN	OWIII F	EE IS \$	538.75						the \$400.00
			Make Check Paya	ble to Fi	orida De	partmen	t of State					teo liability Dice. Fee to
			Due I	By Septe	mber 3,	2008		file is \$138			•	(D
9.	T	NAGING MEMBER		10.				ADI	DITIONS			
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CITY-S1-ZIP					- \$1 - ZIP	ŀ						
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FITLE			Outste	TITLE							Change	☐ Addition
NAME CTREET ADODESC				NAME								
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST- ZIP							
11. I hereby o	certify that the informa	lion supplied with t	his filing does not qualify t	or the exer	aptions co	ntained in	Chapter 11	9. Florida Sta	tutes. I furt	her certify t	hat the info	mation
indicated	on this report is true:	and accurate and the	nat my signature shall have empowered to execute this	the same	i legal effe	ct as if ma	ide under oa	eth; ihat i am	a managin	ig member	or manage	r of the