## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ORLANDO, FL 32807 US	DOCUMENT # L0700068183  1. Entity Name A TO Z RENOVATIONS, LLC								08 AUG		4: 12	
Suite, April 4, etc.    Suite, April 4, etc.   D8112008   Cng-LLC   CR2E083 (12/06)	7900 COLONIAL DR.			7900 COLONIAL DR.			SECRETARY OF STATE TALLAHASSEE FLORIDA					
City & State  Ci	2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
S. Name and Address of Current Registered Agent  ROJAS, JOSE V MR. 5935 OAKRIVER DR. 5935 7AMPA, FL 33615  B. The above named entity authmist this statement for the purpose of changing its registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable of the registered agent, or boar, in the State of Florida. I am limiter with and acceptable to the board of registered agent.  FILE NOWILL FEE IS \$13.8.75  In accordance with a 607 1932/(b), F. S. the limited  Make check payable to florida Department of State  FILE NOWILL FEE IS \$13.8.75  In accordance with a 607 1932/(b), F. S. the limited  Make check payable to florida Department of State  FILE NOWILL FEE IS \$13.8.75  IN ADMINISTRATIONS (MEMSERS)/MANAGERS  IN ADMINISTRATIO	Suite, Apt. #, etc.			Suite, Apt. #, etc.				08112008 Chg-LLC CR2E083 (12/06)				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  ROJAS, JOSE V MR S935 OAKRIVER DR, S935 TAMPA, FL 33615  Street Address (P.O. Box Number is Not Acceptable)  FL 292607  TAMPA, FL 33615  TAMPA, FL 33615  THE OBJECT OF T	City & State			City & State				4. FEI Number Applied For Not Applicable				
Name	Zip		Country	Zip Country			_					
the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PILE NOWIII FEE IS \$138.75  Due by September 12, 2008  In accordance with s. 607.193(2)(b), F. S., the limited liability company did not receive the prior notice.  PILE NOWIII FEE IS \$138.75  Due by September 12, 2008  In accordance with s. 607.193(2)(b), F. S., the limited liability company did not receive the prior notice.  P. MANAGING MEMBERS/MANAGERS  ITILE  MARE  CECILIANO, OLDEMAR  SIRES ADDRESS  CITY-S1-2P  ORLANDO, FL 32807  Deele  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  Deele  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  Deele  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  OS-/27/0801038001 **443.75  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  TITLE  NAME  SIRES ADDRESS  CITY-S1-2P  Deele  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  OS-/27/0801038001 **443.75  ITILE  NAME  SIRES ADDRESS  CITY-S1-2P  TITLE	ROJAS, JOSE V MR. 5935 OAKRIVER DR. 5935 TAMPA, FL 33615  Name Eduardo R Rosado Street Address (P.O. Box Number is Not Acceptable)  7900 E Colonial Drive											5 307
Bublity company did not receive the prior notice.   Florida Department of State	SIGNATURE JOSE ROJAS Valverde											
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-				F.S., the	e limited tice.				•			
NME SIRET ADDRESS OCIV-SI-ZIP ORLANDO, FL 32807  TILE NAME SIRET ADDRESS OCIV-SI-ZIP ORLANDO		LMOD	MANAGING MEMBE				746	.0	ADDITIC	NS/CHANG	<del></del>	
TITLE NAME SIREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-S	name Street address	CECILIAN 7900 COL	ONIAL DR.	<b>■</b> Delete	NAM Stre	et address	£9,	ocoo			Deive	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  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.	NAME STREET ADDRESS		NAM Stre	e et address								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. Hereby certify that the information supplied with this filling 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.	NAME STREET ADDRESS			☐ Delete	NAM Stre	E Et adoress						Addition
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SIGNATURE: JOSE KOJOS Valver de 07/14/08 813-332-77  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprime Proces	indicatéd limited lia											