

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077079

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** COPANS IMPROVEMENT SERVICES, LLC

**Current Principal Place of Business:**

1500 STONE HAVEN DRIVE, SUITE #3  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

7962 METRO DR.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

1500 STONE HAVEN DRIVE, SUITE #3  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

7962 METRO DR.  
BOYNTON BEACH, FL 33436

FEI Number: 26-0598820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE MOURA PERKINS, MARINALVA  
1500 STONE HAVEN DRIVE, SUITE #3  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

DE MOURA PERKINS, MARINALVA  
7962 METRO DR,  
BOYNTON BEACH, FL 33436 US

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.

SIGNATURE: MARINALVA DE MOURA PERKINS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE MOURA PERKINS, MARINALVA  
Address: 1500 STONE HAVEN DRIVE, SUITE #3  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DE MOURA PERKINS, MARINALVA  
Address: 7962 METRO DR.  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM ( ) Change (X) Addition  
Name: GUIMARAES, LUIZ GUSTAVO  
Address: 7962 METRO DR.  
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARINALVA DE MOURA PERKINS

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date