


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 010 ***138.75

DOCUMENT # L07000089343 1. Entity Name STERLING RESTORATIONS L.L.C.			
Principal Place of Business 3695 WEBBER ST. SARASOTA, FL 34232 US		Mailing Address 3695 WEBBER ST. SARASOTA, FL 34232 US	
2. Principal Place of Business - No P.O. Box # 3700 TEATE DR Suite, Apt. #, etc.		3. Mailing Address 3700 TEATE DR Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34232		City & State SARASOTA, FL Zip 34232	
4. FEI Number 26-1915296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANEY, MIKE E 3695 WEBBER ST. SARASOTA, FL 34232		7. Name and Address of New Registered Agent CHANEY, MICHAEL E. 3700 TEATE DR SARASOTA, FL 34232	
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 MICHAEL E. CHANEY <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) Michael E Chaney DATE 04/28/08	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANEY, KAREN L 3695 WEBBER ST. SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL E. CHANEY 3700 TEATE DR SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL E. CHANEY 3700 TEATE DR SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL E. CHANEY 3700 TEATE DR SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL E. CHANEY 3700 TEATE DR SARASOTA, FL 34232	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 MICHAEL E. CHANEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 04/28/08 DAYTIME PHONE # (941) 927-2725	