

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089343

FILED
Jan 30, 2009
Secretary of State

Entity Name: STERLING RESTORATIONS L.L.C.

Current Principal Place of Business:

3700 TEATE DR
SARASTOA, FL 34232 US

New Principal Place of Business:

3700 TEATE DR
SARASOTA, FL 34232 US

Current Mailing Address:

3700 TEATE DR
SARASTOA, FL 34232 US

New Mailing Address:

3700 TEATE DR
SARASOTA, FL 34232 US

FEI Number: 26-1915296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANEY, MIKE E
3700 TEATE DR
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

CHANEY, MICHAEL E
3700 TEATE DR
SARASOTA, FL 34232 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: MICHAEL E CHANEY

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHANEY, KAREN L
Address: 3700 TEATE DR
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR () Delete
Name: CHANEY, MICHAEL E
Address: 3700 TEATE DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHANEY, MICHAEL E
Address: 3700 TEATE DR
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR (X) Change () Addition
Name: CHANEY, KAREN L
Address: 3700 TEATE DR
City-St-Zip: SARASOTA, FL 34232

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: MICHAEL E CHANEY

MGR

01/30/2009

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