2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L07000126993 | | | | | - | ILED | | |
|---|--|---|-----------------------------|---|--|--|---|---------------------------|
| 1. Entity Name CARLOS E PLEITEZ CONSTRUCTION LLC | | | | | 00 555 | 3 15 PM 12: 2 | 3 | |
| li. | | | ' | | | | | |
| Principal Place | e of Business | Mailing Address | | | SECRE | TARY OF STA ASSEE, FLOR | AI E RINA | |
| 8877 HIGH B Midway, Fl | | 8877 HIGH BRIDGE RD MIDWAY, FL 32343 | | M , | HALLAN | MUDELLICO | (107) | |
| | | | / | /)~K | | | IKBIB IMBIB BIIKB IBKB IBKB II | ERI III IRBI |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | 1/1 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02152008 | Chg-LLC | CR2E083 (12/06) | |
| City & State | | City & State | | | 4. FEI Numb | per | | plied For t Applicable |
| Zip | Zip Country Z | | Zip Country | | 5. Certificate | of Status Desired | \$5.00 Add | itional |
| | 6. Name and Address of Current | Registered Agent | | Nieree | 7. Name an | d Address of New Re | | |
| PLEITEZ, CARLOS E | | | | Name | | | | |
| 8877 HIGH MIDWAY, I | I BRIDGE RD FL 32343 | Street Add | | Street Address (| ss (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | | |
| l | | | ł | City | | | FL Zip Code | |
| 8. The above the obligation | named entity submits this statement for its constant of registered agent. | or the purpose of changing it | its registered | office or register | ed agent, or b | oth, in the State of Flori | da. I am familiar with, | and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent | | | / | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NC | Registered A | gent signature required | 1 when reinstating) | 2 | DATE | |
| FILE After May | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7 | 5 | 11 | | | | check payable to Department of State | • . |
| 9. | MANAGING MEMB | | 10. | | | ADDITIONS/C | | |
| TITLE NAME | MGRM PLEITEZ, CARLOS E | ☐ Delete | TITLE NAME | | Change ☐ Addition | | _ | |
| STREET ADDRESS 8877 HIGH BRIDGE RD CITY-ST-ZIP MIDWAY, FL 32343 | | | | ADDRESS T-ZIP | 02 /28/08-101003019 ** 138.75 | | 75 | |
| TITLE | ☐ Delete | | TITLE | | | - · · · · · · · · · · · · · · · · · · · | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET | E Et address | | | | |
| CiTY-ST-ZIP | | cı | | T-ZIP | | | | |
| TITLE NAME | ☐ Delete | | | | | | Change | Addition Addition |
| STREET ADDRESS | | | STREET | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | ☐ Delete | CITY-ST | I-ZIP | | , | ☐ Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | ADDRESS T-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | 1 | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | □ s | CITY-ST | T-ZIP | | | | ■ 43200 |
| NAME | | ☐ Detete | TITLE NAME | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | | | | | |
| 11. I hereby of indicated limited lies | pertify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste | h this filing does not qualify for that my signature shall have empowered to expect the | for the exemple the same to | otions contained egal effect as if n | in Chapter 119 | , Florida Statutes. I furt h; that I am a managir | ther certify that the info | rmation r of the |
| minteo ila | I I | S SIMPOWERED TO EXECUTE (III | is repur as f | очиной ру Опар | ter 000, FIORIDA | | - 0 | |
| SIGNAT | | E Pleis | e - | L | | 2/11- | | |
| | SIGNATURE AND TYPED OR PRINTED NAME (| OF SIGNING MANAGING MEMBER, M | MANAGER, OR AL | JTHORIZED REPRESE | NTATIVE | Date | Daytime Phone # | .— |