

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 15 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000001357

OFFICE INTERIOR SERVICES, L.C.
1020 SW 10 AVENUE
POMPANO BEACH FL 33069

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

332 E. EIGHTH ST
CINCINNATI, OHIO
45202-2217 USA

1a. Principal Place of Business Address

1020 SW 10 AVENUE
POMPANO BEACH FL 33069

- SAME -

3. Date Organized or Qualified

3a. State of Formation

12/31/1996

FL

4. FEI Number

58-2293208

☐ Applied For

☐ Not Applicable

5. Date of Last Report

9/97

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Terry Goins

DATE September 10, 1997

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PATTERSON, DANIEL W	332 E. EIGHTH ST.	CINCINNATI OH, 45202-2217
MGR	GOINS, TERRY	332 E. EIGHTH ST.	POMPANO BEACH FL CINCINNATI, OH 45202-2217
MGR	MILLER, LARRY S	332 E. EIGHTH ST.	POMPANO BEACH FL CINCINNATI, OH 45202-2217

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****597.50 ****597.50

Dec (Cus)

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Terry Goins

9/10/97 513/621-9111