

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042054

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3063859102**

**Entity Name:** PALM AIRE REMODELING, LLC

**Current Principal Place of Business:**

896 NW 127TH AVENUE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

896 NW 127TH AVENUE  
CORAL SPRINGS, FL 33071

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SANGURIMA, MARIA  
896 NW 127TH AVENUE  
CORAL SPRINGS, FL 33071 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name SANGURIMA, MARIA  
Address 896 NW 127TH AVENUE  
City-State-Zip: CORAL SPRINGS FL 33071

Title VP  
Name SANGURIMA, EMMALEE  
Address 896 NW 127TH AVENUE  
City-State-Zip: CORAL SPRINGS FL 33071

Title D  
Name CRESPO, ZAIDA  
Address 896 NW 127TH AVENUE  
City-State-Zip: CORAL SPRINGS FL 33071

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA SANGURIMA

**AGENT**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date