# SIGNATURE: DORIN GABOR

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000060181

Entity Name: D & U HOME IMPROVEMENT LLC

### **Current Principal Place of Business:**

NOTRE DAME DR. 595 ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

NOTRE DAME DR. 595 ALTAMONTE SPRINGS, FL 32714

### FEI Number: 45-2399822

# Name and Address of Current Registered Agent:

GABOR, DORIN PAUL NOTRE DAME DR. 595 ALTAMONTE SPRINGS, FL 32714 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:

### Authorized Person(s) Detail :

Authorized Terson(s) Detail.		
MGRM	Title	MGRM
GABOR, DORIN MPAUL	Name	GABOR, URSULA MBEATRIZ
595 NOTRE DAME DR	Address	595 NOTRE DAME DR.
ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRING FL 32714
	MGRM GABOR, DORIN MPAUL 595 NOTRE DAME DR	MGRMTitleGABOR, DORIN MPAULName595 NOTRE DAME DRAddress

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

Electronic Signature of Registered Agent Date

**GENERAL MANAGER** 

Date

FILED Apr 16, 2013 Secretary of State CC7038053215

Certificate of Status Desired: No

04/16/2013