

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094769

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** CROSS COUNTRY INSTALLATIONS LLC

**Current Principal Place of Business:**

521 N BAY DR  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

521 N BAY DR  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 27-1001605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, JAMES M  
521 N BAY DR  
LYNN HAVEN, FL 32444 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: WALLER, EDWARD A  
Address: 200 HARBOUR POINTE DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP  
Name: BROWN, JAMES M  
Address: 521 N BAY DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP  
Name: WALLER, WINSTON R  
Address: 5135 DEEP WATER CT  
City-St-Zip: PANAMA CITY, FL 32404

I hereby 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: JAMES M BROWN

VP

04/05/2010

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