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Karnell

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# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90235 041 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000016776</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                        |                                                                   |
| 1. Entity Name<br><b>CITY INSTALLERS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>1877 LOCHSHYRE LOOP<br/>OCOOEE, FL 34761 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | Mailing Address<br><b>1877 LOCHSHYRE LOOP<br/>OCOOEE, FL 34761 US</b>                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1883 Lochshyre Loop</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | 3. Mailing Address<br><b>1883 Lochshyre Loop</b><br>Suite, Apt. #, etc.                                                                 |                                                                   |
| City & State<br><b>OCOOEE, Florida</b><br>Zip<br><b>34761</b> County<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | City & State<br><b>OCOOEE, Florida</b><br>Zip<br><b>34761</b> County<br><b>USA</b>                                                      |                                                                   |
| 4. FEI Number<br><b>35-2248044</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | 6. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>LAL VARENDRA<br/>1877 LOCHSHYRE LOOP<br/>OCOOEE, FL 34761</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                                                                         |                                                                   |
| SIGNATURE <i>Varenda</i><br>(Signature typed in printed name of registered agent and the if applicable)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | DATE <b>03/19/08</b><br>(NOTE: Registered Agent signature required when re-registering)                                                 |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>LAL VARENDRA<br>1877 LOCHSHYRE LOOP<br>OCOOEE, FL 34761 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>LAL RICHARD<br>1877 LOCHSHYRE LOOP<br>OCOOEE, FL 34761 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>KISSOONCHAND, JAGDESH<br>7607 FORDHAM CREEK LANE<br>ORLANDO, FL 32816 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                               |                                                                                                                                         |                                                                   |
| SIGNATURE: <i>Varenda</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | DATE <b>03/19/08</b><br>DATE                                                                                                            |                                                                   |