

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026169

Entity Name: NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC**Current Principal Place of Business:**1890 S 14TH ST
SUITE 212
FERNANDINA BEACH, FL 32034**Current Mailing Address:**1890 S 14TH ST
SUITE 212
FERNANDINA BEACH, FL 32034**FEI Number:** 20-1017989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMBEE, BRIAN KEITH
3802 N COMBEE RD
LAKELAND, FL 33805 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	MGR
Name	BARRINEAU, DENNIS M
Address	1890 S 14TH ST SUITE 212
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	MGRM
Name	COMBEE, BRIAN K
Address	3802 N COMBEE RD
City-State-Zip:	LAKELAND FL 33805

Title	MGRM
Name	HAYES, THOMAS
Address	1000 E 11TH ST
City-State-Zip:	KANSAS CITY MO 64106

Title	MGRM
Name	KINZLER, KEVIN
Address	2335 230TH ST
City-State-Zip:	AMES IA 50014

Title	MGRM
Name	DUDGEON, DAVID B
Address	7539 STATE RT 13 S BOX 368
City-State-Zip:	BELLVILLE OH 44813

Title	MGRM
Name	GOLEY, DEWAYNE
Address	1707 BLUFFVIEW DR
City-State-Zip:	DUPO IL 62239

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS BARRINEAU**PRESIDENT****02/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date