

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003176

Entity Name: U.S. SIGNS, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

16631 SCHEER BLVD
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

16631 SCHEER BLVD
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-3709543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, JOSH L
16631 SCHEER BLVD
HUDSON, FL 34667 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: MGRM () Delete
Name: COOPER, SIDNEY P
Address: 1642 LAGO VISTA BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM () Delete
Name: COOPER, SUSIE
Address: 1642 LAGO VISTA BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM () Delete
Name: COOPER, JOSHUA L PRES.
Address: 16009 MUIRFIELD DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSH COOPER

PRES

07/05/2007

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