

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90071 001 ****55.00

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01072005 Chg-LLC CR2E083 (10/03)

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L02000005701 1. Entity Name HI-R INSULATING ROOF DESIGNS, LLC | | | | | |
| Principal Place of Business 1105/1107 ROBIE AVENUE MT. DORA, FL 32757 | | | Mailing Address 1105/1107 ROBIE AVENUE MT. DORA, FL 32757 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 72-1512683 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, BRADLEY J SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD, STE 350 WINTER PARK, FL 32789 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRT EATBURN, BRIAN 1715 CRESTVIEW DRIVE MOUNT DORA, FL 32757 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHWARTZ, JAMES W 18809 SW 13TH AVENUE NEWBERRY, FL 32669 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRT EATBURN, BRIAN 1715 CRESTVIEW DRIVE MOUNT DORA, FL 32757 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHWARTZ, JAMES W 18809 SW 13TH AVENUE NEWBERRY, FL 32669 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRT ZIEBARTH, STEVEN R 5343 HUSHPUPPY LANE WEEKI WACHEE, FL 34607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-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 exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Brian Eastburn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date <i>2/18/05</i> Daytime Phone # <i>352-383-9064</i> | | | |
| <i>BRIAN EASTBURN, PRESIDENT/OWNER</i> | | | | | |