

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90230 046 \*\*\*\*50.00

DOCUMENT # L02000021603

1. Entity Name  
AMERICAN INSTALLATION OF ORLANDO, LLC



Principal Place of Business  
3551 WEST 1ST STREET  
SANFORD, FL 32771

Mailing Address  
3551 WEST 1ST STREET  
SANFORD, FL 32771

2. Principal Place of Business  
2801 W. AIRPORT BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
2801 W. AIRPORT BLVD  
Suite, Apt. #, etc.



02202006 Chg-LLC CR2E083 (11/05)

City & State  
SANFORD, FLORIDA  
Zip 32771 Country

City & State  
SANFORD, FLORIDA  
Zip 32771 Country

4. FEI Number  
14-1848581  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE, FL 33311

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DELLO RUSSO, ROBERT G	
STREET ADDRESS	<del>3551 WEST 1ST STREET</del>	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARTON, HOWARD C	
STREET ADDRESS	<del>3551 WEST 1ST STREET</del>	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BREEYEAR, SCOTT G DIRECTO	
STREET ADDRESS	<del>3551 WEST 1ST STREET</del>	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 W. AIRPORT BLVD.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 W. AIRPORT BLVD.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 W. AIRPORT BLVD.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/06

Date

Daytime Phone #