

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90046 002 ****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
3551 W. 1ST STREET

3. Mailing Address
3551 W. 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FLORIDA

City & State
SANFORD, FLORIDA

4. FEI Number
14-1848581

Applied For
Not Applicable

Zip
32771

Country
USA

Zip
32771

Country
USA

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

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELLO ROSSO, ROBERT G
3551 WEST 1ST STREET
SANFORD FL 32771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BARTON, HOWARD C
3551 WEST 1ST STREET
SANFORD FL 32771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NEVILLE, T. ERROL
3551 WEST 1ST STREET
SANFORD FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TODD, RICHARD T
3551 WEST 1ST STREET
SANFORD FL 32771

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELLO RUSSO, ROBERT G

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

8/11/03

(407)321-3667

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

Date

Daytime Phone #

CR2E083 (1/03)