

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

8/2

08-28-2003 90040 027 \*\*\*\*\*50.00

**DOCUMENT # L02000022846**

1. Entity Name

**REV 1 INSTALLATION & MAINTENANCE, LLC**



Principal Place of Business

Mailing Address

2318 MARSEILLE COURT  
CALRICO FL 33594

2318 MARSEILLE COURT  
CALRICO FL 33594

**55056727**

2. Principal Place of Business

3. Mailing Address

1666A E. Bloomingdale Ave.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Brandon, FL

4. FEI Number

51-0425615

Applied For

Not Applicable

Zip

Country

Zip

Country

33511

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, ANDREW L  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: **PRESIDENT**  
NAME: **Richard Ehrigott**  
STREET ADDRESS: **2318 Marse. Ille Ct**  
CITY-ST-ZIP: **Valrico, FL 33594**

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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**

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

Date

Daytime Phone #

8-26-03

813-657-2404

CR2E083 (4/03)