2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043170 1. Entity Name MAVRIC INSTALLATIONS, LLC							21	OO6 APR II F	PH 2: 1	3	
Principal Place of Business			Mailing Address				S	ECRETARY	- ,	U	
274 PLANTA	-			274 PLANTATION DRIVE			IAI	ECRETARY OF LLAHASSEE.	STATE	•	
HAVANA, FL 32333			HAVANA, FL 32333	HAVANA, FL 32333					r LUKID	A	
					1	/]	i interes	40 00 110 110 49 11 60 11 0 0		A 1100 1100 1	
2. Principal Place of Business			3. Mailing Address	17							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042006	Chg-LLC	CR2E08	33 (11/05)	
City & State			City & State				4. FEI Numb 76-074	-		No	oplied For of Applicable
ZIP	Zip Country		Zip	Count	Country		5. Certificate	e of Status Desired		5.00 Add ee Require	
6. Name and Address of Current R			Registered Agent		1	7. Name and	d Address of New Re		•		
HIDED M		_			Name						
HUBER, M 274 PLAN HAVANA, I	TATION D			Street A	Street Address (P.O. Box Number is Not Acceptable)						
		/		ļ	City				FL	Zip Code	е
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 familia the obligations of registered agent.										ımiliar with,	and accept
SIGNATURE Signature, typed of printed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	iling Fee.i ue by May					-	Make check payable to Fiorida Department of State			Đ	
9.		MANAGING MEMBER	RS/MANAGERS	10.		,		ADDITIONS/0	CHANGES		
TITLE NAME	MGRM	ROY MARTIN	Delete			*				☐ Change	☐ Addition
STREET ADDRESS	!	ITATION DRIVE		NAME STREET ADDRESS							
CITY-ST-ZIP	ì	FL 32333			'-ST-ZIP						
TITLE	MGR		X Delete	TITLE	11.1010		M			Change	Addition
NAME STREET ADDRESS	HUBER, M 274 PLAN	MARY ITATION DRIVE		NAME STREE	et address	Mary	Huber,	bion brive			
CITY-ST-ZIP		FL 32333			-ST-ZIP	Have	ina. Flor	rida 3233	· \$ ጞ		
TITLE	☐ Delete TITE					,,,,,,,,,	<u>~1104 1 101</u>			Change	Addition
NAME CIRCLI ADOPECE				NAME	-						
STREET ADORESS CITY-ST-ZIP					ET ADDRESS -St-Zip						
TITLE			☐ Delete	TITLE		 				☐ Change	Addition
NAME				NAME	Œ		91	000721			
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP		900072189609 04/27/0601008012 **50.00				
TITLE		_	☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS				NAME	ET ADORESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE	Ė		····			Change	Addition
NAME CORET ADDRESS				NAME	-						
STREET ADORESS City-St-Zip					et address -st-zip						
11. I hereby o	certify that the	information supplied inh	this filing does not qualify for that my sign ture shall have			ontained in	n Chapter 119, ade under oat!	, Florida Statutes. I fur h; that I am a managi	ther certify ing member	that the info or manage	rmation or of the
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 stream the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: OI - 04 - 06 (850) 510 - 9656											
			Il h)							