2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # L03000047595 1. Entity Name FELIX SIDING LLC					A STEELER	04-11-2008	90182 01	0 ***138	3.75
Principal Place of Business Mailing Address							n (1000	144
314 NORTH 11TH STREET Quincy, FL 32351		314 NORTH 11TH STREET Quincy, FL 32351					bl	0222	41
QUINOT, IL	J2301	Q01101,1E 32331				ESSEE CIIIT BETTI BETTI EE	M STIN CIBN ISSS	1 BREID ITIDI DII	I
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.							
City & State		City & State		03212008	Chg-LLC	CR2E08	3 (12/06)	0-25-	
City & State		City & State			4. FEI Numbe 20-042				olied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F		<u>-</u>	
101111001	0.000.00.4.1			Name					
JOHNSON, BARBARA A * 373 E. JEFFERSON ST QUINCY, FL 32351				Street Address (P.O. Box Number is Not Acceptable)					
**		City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regi	istered agent, or bot	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT)	E: Registered	d Agent signature reg	quired when reinstating)		DATE		
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FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75						te check pa a Departmen		
9.	MANAGING MEMBER	S/MANAGERS	10.		L	ADDITIONS	101111000		
TITLE	MGR FELIX, JOSE	Delete	TITLE				/CHANGES		
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	314 NORTH 11TH STREET QUINCY, FL 32351		nami Stre	Ε	-			☐ Change	Addition
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11. I hereby certify that the information supplied with this tiling 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: 4-9-08
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OF AUTHORIZED REPRESENTATIVE Date Dayling Phone #