


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 029 *****50.00

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| DOCUMENT # L03000047823 | |  |
| 1. Entity Name RICHARD BROWN INSTALLERS, LLC | | |

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|---|---|
| Principal Place of Business 3100 NE 168TH PLACE CITRA, FL 32113 | Mailing Address 3100 NE 168TH PLACE CITRA, FL 32113 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 3100 NE 168 th PL. | 3. Mailing Address 3100 NE 168 th PL. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------|--------------------------|
| City & State Citra FL | City & State Citra FL |
| Zip 32113 | Country Marion |
| Zip 32113 | Country Marion |

03232004 Chg-LLC CR2E083 (10/03)

4. ☐ Applied For
☐ Not Applicable

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

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| BROWN, RICHARD K SR. 3100 NE 168TH PLACE CITRA, FL 32113 | |

| | |
|--|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROWN, RICHARD K SR. 3100 NE 168TH PLACE CITRA, FL 32113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Brown* Richard Brown 3-28-04 (352) 595-3805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #