2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000048022

Entity Name: MARICICH SIDING, LLC

Current Principal Place of Business:

510 N. SPRING ST.
B
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6521
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 35-2220297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPECK, DOUGLAS E
510 N. SPRING ST.
B
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARICICH, MICHAEL P
Address: 710 VIA DELUNA
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: MGRM ( ) Delete
Name: SPECK, DOUGLAS E
Address: 510-B N. SPRING ST.
City-St-Zip: PENSACOLA, FL 32501 US

Title: MGRM ( ) Delete
Name: BARNES, CHARLES R
Address: 600 E. JACKSON ST. APT. B
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: HUSTON, HARRY J
Address: 600 E. JACKSON ST. APT. A
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS E SPECK MGRM 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date