


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90133 028 \*\*\*\*50.00

**DOCUMENT # L03000048836**

1. Entity Name  
**R. WHITE INSTALLATIONS, LLC**



Principal Place of Business  
**4025 DELLWOOD AVE  
 JACKSONVILLE, FL 32205 US**

Mailing Address  
**4025 DELLWOOD AVE  
 JACKSONVILLE, FL 32205 US**

**44052072**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



07202004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2422556**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITE, RICHARD  
 4025 DELLWOOD AVE  
 JACKSONVILLE, FL 32205**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, RICHARD L 4025 DELLWOOD AVE JACKSONVILLE, FL 32205 <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 L. White* **Richard L. White** **86-04** **904-509-7204**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #