

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90050 003 \*\*\*\*50.00

**DOCUMENT # L03000049153**

1. Entity Name

**BRYAN MOTTS VINYL SIDING LLC**



Principal Place of Business

**630 HAWKINS STREET  
PENSACOLA FL 32534**

Mailing Address

**630 HAWKINS STREET  
PENSACOLA FL 32534**

2. Principal Place of Business

*10194 Holsberry Rd*

3. Mailing Address

*10194 Holsberry Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*PENSACOLA FLA.*

City & State

*PENSACOLA FLA.*

Zip *32534*

Country

*ESCAMBIA*

Zip

*32534*

Country

*ESCAMBIA*

4. FEI Number

**59-3235484**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOTT, BRYAN  
630 HAWKINS STREET  
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name *BRYAN MOTT*  
Street Address (P.O. Box Number is Not Acceptable)  
*10194 Holsberry Rd*  
City *PENSACOLA* FL Zip Code *32534*

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

*Bryan Mott*

*BRYAN MOTT*

*2-10-05*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MOTT, BRYAN**  
STREET ADDRESS **630 HAWKINS STREET**  
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Bryan Mott* **BRYAN MOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2-10-05* <sup>850</sup> *474-9757*

Date

Daytime Phone #