

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90102 005 \*\*\*143.75

**DOCUMENT # L03000049153**

1. Entity Name

**BRYAN MOTTS VINYL SIDING LLC**



Principal Place of Business

10194 HOLSBERY RD  
PENSACOLA FL 32534

Mailing Address

10194 HOLSBERY RD  
PENSACOLA FL 32534

2. Principal Place of Business - No P.O. Box #

10194 Holsberry RD  
Suite, Apt. #, etc.

3. Mailing Address

10194 Holsberry RD  
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

7. Name and Address of New Registered Agent

MOTT, BRYAN  
10194 HOLSBERY RD  
PENSACOLA FL 32534

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

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

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MOTT, BRYAN  
STREET ADDRESS 630 HAWKINS STREET 10194 Holsberry RD  
CITY-ST-ZIP PENSACOLA FL 32534

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bryan Mott BRYAN MOTT

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

2-21-08 850-474-9757

Date

Daytime Phone #