

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000052605

**FILED**  
**Feb 05, 2007**  
**Secretary of State**

**Entity Name:** FREEMAN VINYL SIDING AND HOME REPAIR, LLC

**Current Principal Place of Business:**

3639 WOODS CREEK ROAD  
PERRY, FL 32347

**New Principal Place of Business:**

1407 NORTH SPRINGFIELD STREET  
PERRY, FL 32347

**Current Mailing Address:**

3639 WOODS CREEK ROAD  
PERRY, FL 32347

**New Mailing Address:**

1407 NORTH SPRINGFIELD STREET  
PERRY, FL 32347

**FEI Number:** 75-3140607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, RUDY V  
3639 WOODS CREEK ROAD  
PERRY, FL 32347 US

**Name and Address of New Registered Agent:**

FREEMAN, RUDY V  
1407 NORTH SPRINGFIELD STREET  
PERRY, FL 32347 US

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:

02/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FREEMAN, RUDY V  
Address: 3639 WOODS CREEK ROAD  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FREEMAN, RUDY V  
Address: 1407 NORTH SPRINGFIELD STREET  
City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the 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: RUDY V FREEMAN

MGRM

02/05/2007

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