2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053002

1. Entity Name
ACOUSTIC CEILING LLC

FILED
Aug 20, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6110 LOUISIANA AVE NEW PORT RICHEY, FL 34653	6110 LOUISIANA AVE NEW PORT RICHEY, FL 34653

08132008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2223243

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIPLETT, BRYAN L
6110 LOUISIANA AVE
NEW PORT RICHEY, FL 34653

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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)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

000000558038
08/20/08-80003-006 543.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TRIPLETT, BRYAN
STREET ADDRESS	6110 LOUISIANA AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 8-14-8 502-407-2473