# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000054414

**1.** Entity Name
ADVANCED REMODELING, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 586 8TH ST N<br>EAGLE LAKE, FL  33839 | P.O. BOX 2205<br>EAGLE LAKE, FL  33839 |

# DO NOT WRITE IN THIS SPACE

03162008 No Chg-LLC        CR2E083 (12/07)

| **4.** FEI Number | Applied For |
|---|---|
| 56-2420843 | Not Applicable |

| **5.** Certificate of Status Desired ☐ | **$5.00** Additional Fee Required |
|---|---|

## 6. Name and Address of Current Registered Agent

DUNLAP, CAMERON C
586 8TH ST N
EAGLE LAKE, FL  33839

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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 _____

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

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

### 9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | DUNLAP, CAMERON |
| STREET ADDRESS | 586 8TH ST N |
| CITY-ST-ZIP | EAGLE LAKE, FL  33839 |
| TITLE | MGRM |
| NAME | ELLIOTT, LESTER L MEMBER |
| STREET ADDRESS | 586 8TH ST N |
| CITY-ST-ZIP | EAGLE LAKE, FL  33839 |
| TITLE | MGRM |
| NAME | DUNLAP, LISA E MEMBER |
| STREET ADDRESS | 586 8TH STREET |
| CITY-ST-ZIP | EAGLE LAKE, FL  33839 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/30/08-80072-025  138.75

## 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: _____        4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #