
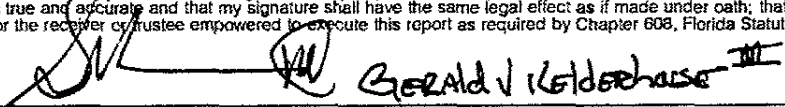


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000055171 1. Entity Name CERTIFIED INSTALLATIONS OF FLORIDA, L.L.C.																																										
Principal Place of Business 7185 PLUTO AVENUE PORT ST JOHN, FL 32927	Mailing Address 7185 PLUTO AVENUE PORT ST JOHN, FL 32927																																									
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>																																										
5. Name and Address of Current Registered Agent ANDERSON, DEBRA 7120 HUNDRED ACRE DRIVE PORT ST JOHN, FL 32927																																										
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$50.00 Due by May 1, 2007 </div> <div style="text-align: right;"> 02/06/07-80028-001 55.00 </div> </div>																																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>MGRM</td> </tr> <tr> <td>NAME</td> <td>KELDERHOUSE, GERALD V III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7185 PLUTO AVENUE</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PORT ST JOHN, FL 32927</td> </tr> <tr> <td>TITLE</td> <td>MGR</td> </tr> <tr> <td>NAME</td> <td>KELDERHOUSE, DEBORAH LYNNE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7185 PLUTO AVENUE</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PORT ST JOHN, FL 32927</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>			TITLE	MGRM	NAME	KELDERHOUSE, GERALD V III	STREET ADDRESS	7185 PLUTO AVENUE	CITY-STATE-ZIP	PORT ST JOHN, FL 32927	TITLE	MGR	NAME	KELDERHOUSE, DEBORAH LYNNE	STREET ADDRESS	7185 PLUTO AVENUE	CITY-STATE-ZIP	PORT ST JOHN, FL 32927	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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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:  Gerald V Kelderhouse <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>																																										
		321-637-7927 <small>Daytime Phone #</small>																																								



01242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0099838	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**