

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055226

1. Entity Name
M&R INSTALLATIONS L.L.C.



FILED

05 AUG 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152005 Chg-LLC CR2E083 (10/03)

Principal Place of Business Mailing Address
4800 BRISTOL HWY 4800 BRISTOL HWY
QUINCY, FL 32351 4780 Bristol Hwy
Quincy, FL 32351

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 06-1714825 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, MITCH - same
4800 BRISTOL HWY
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4780 Bristol Hwy
City Quincy FL Zip Code 32351

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

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME PARSONS, MITCH
STREET ADDRESS 4800 BRISTOL HWY
CITY-ST-ZIP QUINCY, FL 32351

TITLE MGRM ☐ Delete
NAME CALKINS, RICHARD
STREET ADDRESS 4800 BRISTOL HWY
CITY-ST-ZIP QUINCY, FL 32351

TITLE MGRM ☒ Delete
NAME POLVER, TODD
STREET ADDRESS 95 PINE GROVE CHURCH RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE 4780 Bristol Hwy ☒ Change ☐ Addition
NAME Quincy, FL, 32351
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mitch Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #