

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055468

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** FEESER'S PROFESSIONAL INSTALLATIONS LLC

**Current Principal Place of Business:**

109 SUMMERHILL CT.  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

109 SUMMERHILL CT.  
MINNEOLA, FL 34715

**New Mailing Address:**

**FEI Number:** 59-3261991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEESER, MARK  
109 SUMMERHILL CT.  
MINNEOLA, FL 34715 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FEESER, MARK E  
Address: 109 SUMMERHILL CT  
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGRM ( ) Delete  
Name: FEESER, BERNIE E JR.  
Address: 1492 MUIR CIR  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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:** MARK FEESER

MGRM

01/13/2009

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