

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) – DUE BY MAY 1, 2008**

DOCUMENT # L03000055918

1. Entity Name

WES'S VINYL SIDING, LLC



Principal Place of Business

20306 BRANDON ROAD
FOUNTAIN FL 32438

Mailing Address

20306 BRANDON ROAD
FOUNTAIN FL 32438

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0517071

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE FL 32301

Name

WESLEY HENDRIX

Street Address (P.O. Box Number is Not Acceptable)

20306 BRANDON RD

City

FOUNTAIN

FL

Zip Code
32438

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 *Wesley Hendrix*
Signature, typed or printed name of registered agent and title if applicable

2/16/08
DATE

(NOTE: Registered Agent's signature required when registering)

FILE NOW!!! FEE IS \$138.75

**After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRIX, WESLEY S 20306 BRANDON ROAD FOUNTAIN FL 32438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wesley Hendrix*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/16/08

Date

Daytona Pixie #

**FILED
Mar 28, 2008 8:00 am
Secretary of State**

03-28-2008 90169 034 ***143.75

