

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001482

FILED
Aug 30, 2007
Secretary of State

Entity Name: CHRIS JEPPESEN SIDING CONTRACTOR LLC

Current Principal Place of Business:

8924 BANKS CIRCLE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8924 BANKS CIRCLE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 72-1577755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JEPPESEN, CHRIS
8924 BANKS CIRCLE
PENSACOLA, FL 32514 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: MGR () Delete
Name: JEPPESEN, CHRIS
Address: 8924 BANKS CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Delete
Name: JEPPESEN, TAMMY
Address: 8924 BANKS CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: OFFI () Delete
Name: JEPPESEN JR, CHRISTOPHER
Address: 8924 BANKS CIRCLE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

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

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: TAMMY JEPPESEN

MGR

08/30/2007

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