

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005110

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** DAVID ZISKE HOME ENHANCEMENTS, LLC

**Current Principal Place of Business:**

25885 SITTING BULL STREET  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

25885 SITTING BULL STREET  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

**FEI Number:** 20-0631564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

USACCOUNTING OFFICE, INC.  
417 W. JEFFERSON STREET  
BROOKSVILLE, FL 34601 US

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

ZISKE, DAVID F  
25885 SITTING BULL STREET  
BROOKSVILLE, FL 34601 US

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:** DAVID F ZISKE

01/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ZISKE, DAVID F  
**Address:** 25885 SITTING BULL STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601 US

**Title:** MGRM  
**Name:** ZISKE, DAVID F  
**Address:** 25885 SITTING BULL STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601 US

**Title:** ST  
**Name:** ZISKE, DAVID F  
**Address:** 25885 SITTING BULL STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601 US

**Title:** MGRM  
**Name:** ZISKE, CAMMY B  
**Address:** 25885 SITTING BULL STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601 US

I hereby 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:** DAVID F ZISKE

MGRM

01/19/2012

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