


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90009 023 ****50.00

DOCUMENT # L04000010157
 1. Entity Name
BILL'S INSTALLATION & REPAIR L.L.C.



Principal Place of Business
 2162 SE 169 AVE RD
 SILVER SPRINGS FL 34488

Mailing Address
 2162 SE 169 AVE RD
 SILVER SPRINGS FL 34488



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

3. Mailing Address
SAME

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State
SAME

City & State

4. FEI Number **26-6259335** Applied For
 Not Applicable

Zip *SAME* Country *U.S.A.* Zip *34488* Country *MARION*

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

6. Name and Address of Current Registered Agent

YAKOUMIS, WILLIAM A
 2162 SE 169 AVE RD
 SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

Name *WILLIAM A. YAKOUMIS*

Street Address (P.O. Box Number is Not Acceptable)
2162 S.E. 169 AVE RD

SILVER SPRINGS **FL** Zip Code *34488*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAKOUMIS, NICHOLE 2162 S.E. 169 AVE.RD. SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Chapter 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: *Bill Yakoumis* **8/03/07** **352-817-1765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #