

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

FILED
Mar 03, 2008 08:00 A
Secretary of State

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 AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

26-6259335

Applied For

Not Applicable

Zip

Country

Zip

Country

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

N/A

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

City

FL

Zip Code

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

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

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

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

U00000845497
03/13/08-80041-013 138.75

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
YAKOUMIS, NICHOLE
2162 S.E. 169 AVE RD.
SILVER SPRINGS FL 34488**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ Delete

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CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ Change ☐ Addition

TITLE
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N/A

☐ Change ☐ 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: William A. Yakoumis

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

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