


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90080 001 ****50.00

DOCUMENT # L04000016179			
1. Entity Name ALL GAS INSTALLATIONS "LLC"			
Principal Place of Business 2400 KENT AVE. FT. MYERS, FL 33907 US		Mailing Address 2400 KENT AVE. FT. MYERS, FL 33907 US	
2. Principal Place of Business		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME AS ABOVE		City & State FL	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NOON, LARRY R 2400 KENT AVE. FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) H. Myers City FL Zip Code 33907	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NOON, LARRY R 2400 KENT AVE. FT. MYERS, FL 33907 <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	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Larry Noon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		7/4/05 239633 9797 <small>Date Daytime Phone #</small>	