

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017433

1. Entity Name

BRYAN'S INSTALLATIONS LLC



Principal Place of Business

**311 W OHIO AV
ORANGE CITY, FL 32763**

Mailing Address

**10 SWANSEA RD
DEBARY, FL 32713 US**



04092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0785637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**BRYAN, DENNIS
311 W OHIO AV
ORANGE CITY, FL 32763**

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IN THIS SPACE**

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 signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRYAN, DENNIS
STREET ADDRESS	311 W OHIO AV
CITY-STATE-ZIP	ORANGE CITY, FL 32763
TITLE	MGRM
NAME	BRYAN, JOAN
STREET ADDRESS	311 W OHIO AV
CITY-STATE-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

Dennis Bryan

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

4-27-06 386-479-2980

Date

Daytime Phone #