2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 04, 2008 08:00 A Secretary of State DOCUMENT # L04000018434 RICHARD CANNON'S AWNING SERVICES LLC Principal Place of Business Mailing Address 4036 NW 19TH AVE 1343 NE 17 RD OCALA, FL 34475 US OCALA, FL 34470 US 01252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3117176 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RICHARD, CANNON SR DO NOT WRITE 4036 NW 19TH AVE OCALA, FL 34475 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 aignature required when reinstating) DATE FILE NOW!!! PEE 18 \$138.75 HDDD0915974 After May 1, 2008 Fee will be \$538.75 02/14/08-80026-021 143.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME CANNON, RICHARD SR STREET ADDRESS **4036 NW 19TH AVE** CITY-ST-7P **OCALA, FL 34475** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ПТЕ IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AOORESS CITY-ST-ZIP A WARE TO STATE OF THE NÀME 1. STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED