

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024529

Entity Name: NEXT LEVEL INSTALL, LLC

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

978 GONZALEZ PARK DR.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

978 GONZALEZ PARK DR.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-0105888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIVEY, DANIEL OWNER
978 GONZALEZ PARK DR.
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE () Delete
Name: SPIVEY, DANIEL OWNER
Address: 978 GONZALEZ PARK DR.
City-St-Zip: CANTONMENT, FL 32533

Title: PRES () Delete
Name: BERGERON, BRIAN E PRESIDE
Address: 1007 POTOMAC DR
City-St-Zip: PENSACOLA, FL 32505

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: TANNER, KENNETH M PRES
Address: 3350 WILD TUREKY RD
City-St-Zip: CANTOMENT, FL 23533

Title: MGR () Change (X) Addition
Name: BANKS, MATHEW S MGR
Address: 2917 FALLEN TREE DR
City-St-Zip: CANTOMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL B SPIVEY

OWNE

02/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date