

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025921

Entity Name: APEX INSTALLATIONS, LLC

FILED
Jul 16, 2007
Secretary of State

Current Principal Place of Business:

2150 BARRATT CT
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

2150 BARRATT CT
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 26-0087314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POPE, SHAUN
2150 BARRATT CT
ST. CLOUD, FL 34771 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: MGR () Delete
Name: POPE, SHAUN M MGR
Address: 2150 BARRATT CT
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Delete
Name: SAUCIER, SCOTT A MGRM
Address: 3901 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM (X) Delete
Name: VALENTIN, SHAUN
Address: 3901 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHAUN POPE

MGR

07/16/2007

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