


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90096 034 \*\*\*138.75

<b>DOCUMENT # L04000026169</b> 1. Entity Name <b>NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC</b>					
Principal Place of Business <b>201 CENTRA ST SUITE 304 FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>201 CENTRA ST SUITE 304 FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-1017989</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>COMBEE, BRIAN KEITH 1019 TRIANGLE STREET LAKELAND, FL 33805</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3802 N. Combee Rd</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33805</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEGLER, HAROLD A 284 CRYSTAL GROVE BLVD. LUTZ, FL 33548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>201 Centre st. Suite 304 Fernandina Beach FL 32034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBEE, BRIAN KEITH 1019 TRIANGLE STREET LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3802 N. Combee Rd. Lakeland, FL 33805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELFINO, MICHAEL JR 1648 LOCUST AVENUE BOHEMIA, NY 11716	<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	MGRM DUDGEON, BRENT 7539 STATE RT. 13 SOUTH BELLVILLE, OH 44813	<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	MGRM FRAGALE, JOHN 154 CEMETERY ROAD LANCASTER, NY 14086	<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	MGRM KINZLER, KEVIN 2335 230TH ST AMES, IA 50014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>Harold A. Keger</i> <b>HAROLD A. KEGLER</b> <i>1/6/2</i> <b>2/5/2008</b> <b>904-491-3112</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					