

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026169

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC

## Current Principal Place of Business:

201 CENTRA ST  
SUITE 304  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

201 CENTRE ST  
SUITE 304  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

201 CENTRA ST  
SUITE 304  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

201 CENTRE ST  
SUITE 304  
FERNANDINA BEACH, FL 32034

FEI Number: 20-1017989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMBEE, BRIAN KEITH  
3802 N CAMBEE RD  
LAKELAND, FL 33805 US

## Name and Address of New Registered Agent:

COMBEE, BRIAN KEITH  
3802 N COMBEE RD  
LAKELAND, FL 33805 US

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:

01/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KEGLER, HAROLD A  
Address: 201 CENTRE ST STE 304  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: COMBEE, BRIAN KEITH  
Address: 3802 N CAMBEE RD  
City-St-Zip: LAKELAND, FL 33805

Title: MGRM ( ) Delete  
Name: DELFINO, MICHAEL JR  
Address: 1648 LOCUST AVENUE  
City-St-Zip: BOHEMIA, NY 11716

Title: MGRM ( ) Delete  
Name: DUDGEON, BRENT  
Address: 7539 STATE RT. 13 SOUTH  
City-St-Zip: BELLVILLE, OH 44813

Title: MGRM ( ) Delete  
Name: FRAGALE, JOHN  
Address: 154 CEMETERY ROAD  
City-St-Zip: LANCASTER, NY 14086

Title: MGRM ( ) Delete  
Name: KINZLER, KEVIN  
Address: 2335 230TH ST  
City-St-Zip: AMES, IA 50014

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: COMBEE, BRIAN KEITH  
Address: 3802 N COMBEE RD  
City-St-Zip: LAKELAND, FL 33805

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

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: HAROLD A KEGLER

MGR

01/27/2009

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