2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 24, 2007 08:00 AM Secretary of State DOCUMENT # L04000036062 1. Entity Name NPH INSTALLATION & REPAIR, LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address 17560 NE 243RD PLACE ROAD 17560 NE 243RD PLACE ROAD FT MCCOY FL 32134 FT MCCOY FL 32134 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$5.00 Additional 5. Cortificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo NAPOLI, NELSON Street Address (P.O. Box Number is Not Acceptable) 17560 NE 243RD PLACE ROAD FT MCCOY FL 32134 City Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agant signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE ☐ Delete Change Addition NAME NAPOLI, NELSON NAME STREET ADDRESS 17560 NE 243RD PLACE ROAD STREET ADDRESS U00000728313 CITY - ST - ZIP FT MCCOY FL 32134 CHY-ST-ZIP 05/07/07 00012 008 50.0 DILE Defete IIIŒ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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