


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90002 009 ****50.00

DOCUMENT # L04000051159
 1. Entity Name
 AARO WATERPROOFING LLC



Principal Place of Business 2857 VILLA WOODS CIRCLE GULF BREEZE, FL 32563	Mailing Address 2857 VILLA WOODS CIRCLE GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FANELLA, NICHOLAS R
 434 TANGLEWOOD DRIVE
 FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

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: Rebel P. Veazey OWNER 8/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM VEAZEY, REBEL 2857 VILLA WOODS CIRCLE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM VEAZEY, REBEL 2758 VILLA WOODS CIRCLE GULF B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM VEAZEY, REBEL 2758 VILLA WOODS CIRCLE GULF BREEZE FL. 32563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Rebel Veazey Rebel P. Veazey 8/20/06 850 916 0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #