


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90276 037 ****50.00


DOCUMENT # L04000051159
 1. Entity Name
AARO WATERPROOFING LLC



Principal Place of Business Mailing Address
 2857 VILLA WOODS CIRCLE 2857 VILLA WOODS CIRCLE
 GULF BREEZE FL 32563 GULF BREEZE FL 32563

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2758 Villa Woods Circle *2758 Villa Woods Circle*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Gulf Breeze FL *Gulf Breeze FL*
 City & State City & State

Zip Country Zip Country
32563 *FL* *32563* *FL*



1st MOORE CR2E083 (10/06)
 4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 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

7. Name and Address of New Registered Agent
 Name *REBEL P. VEAZEY*
 Street Address (P.O. Box Number is Not Acceptable)
2758 Villa Woods Circle
 City *Gulf Breeze* **FL** Zip Code *32563*

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* (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
MGRM	REBEL, VEAZEY	2758 VILLA WOODS CIR	GULF BREEZE FL 32563	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 P. Veazey* **REBEL P. VEAZEY** *2/16/07* *850 916 0976*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #