

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 019 ***138.75

DOCUMENT # L04000051159

1. Entity Name

AARO WATERPROOFING LLC



Principal Place of Business

2758 VILLA WOODS CIR
 GULF BREEZE FL 32563

Mailing Address

2758 VILLA WOODS CIR
 GULF BREEZE FL 32563



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

1365 HARVARD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1365 HARVARD DRIVE

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

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

VEAZEY
~~VELAZ~~, REBEL P
 2758 VILLA WOODS CIR
 GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title accepted

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM Delete
 NAME REBEL, VEAZEY
 STREET ADDRESS 2758 VILLA WOODS CIR
 CITY-ST-ZIP GULF BREEZE FL 32563

TITLE Delete
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10. ADDITIONS / CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/08 8509160976

DATE

DayLate Period #