2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L'04000058545

1. Entity Name
M & F INSTALLATIONS, LLC



FILED Jul 31, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

LIVE OAK

LIVE OAK, FL 32064 US

PO BOX 608

LIVE OAK, FL 32064

US



06232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1475886 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLSOM, LYNDA M 548 CHANBRIDGES DRIVE JASPER, FL 32052

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	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fil Due i	ling Fee is \$50.00 by September 6, 2006	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, MICHAEL D 7759 162ND TRAIL LIVE OAK, FL 32060	
NAME STREET ADDRESS CITY-ST-ZIP		U00000572901 08/01/06-80004-013 55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE					
	21	CN	ATI	ID	F٠

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

Dete

Daytime Phone #