


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90052 015 \*\*\*\*50.00

<b>DOCUMENT # L04000068413</b> 1. Entity Name <b>ANGELO R. ESPER, JR.'S INSTALLATION SERVICE          "LLC"</b>					
Principal Place of Business <b>5595 EAST IRLO BRONSON HIGHWAY          LOT 19          ST. CLOUD, FL 34771</b>			Mailing Address <b>5595 EAST IRLO BRONSON HIGHWAY          LOT 19          ST. CLOUD, FL 34771</b>		
2. Principal Place of Business <b>5595 E. Irlo Bronson Highway</b> Suite, Apt. #, etc. <b>Lot 19</b>		3. Mailing Address <b>5595 E. Irlo Bronson Highway</b> Suite, Apt. #, etc. <b>Lot 19</b>			
City & State <b>St. Cloud, FL</b>		City & State <b>St. Cloud, FL</b>		4. FEI Number <b>42-1676565 8/9/05</b>	
Zip <b>34771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ESPER, ANGELO R JR.          5595 EAST IRLO BRONSON HIGHWAY          LOT 19          ST. CLOUD, FL 34771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00          Due by September 7, 2005</b>				<b>Make check payable to          Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR          ESPER, ANGELO R JR.          5595 EAST IRLO BRONSON HIGHWAY          ST. CLOUD, FL 34771</b> <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>Angelo R. Esper Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>August 8, 2005</u> <small>Date Daytime Phone #</small>		