

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 002 ***138.75

DOCUMENT # L04000068893

1. Entity Name

SOLAR SHIELD OF INDIAN RIVER LLC



Principal Place of Business

POB 1168
ROSELAND FL 32958

Mailing Address

POB 1168
ROSELAND FL 32958

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

Solar Shield of Indian River LLC
Suite, Apt. #, etc.

3. Mailing Address

15030-106 Arbor Lakes Drive West
Suite, Apt. #, etc.

City & State

North Fort Myers, FL

City & State

North Fort Myers, FL

Zip

33917

Country

USA

Zip

33917

Country

USA

4. FEI Number

20-1722457

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUMM, ARLAND D
15030- 106 ARBOR LAKES DRIVE WEST
N FT MEYERS FL 33917

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: ADE, NELSON H
STREET ADDRESS: POB 1168
CITY-ST-ZIP: ROSELAND FL 32958 ☐ Delete

TITLE: MGR
NAME: KRUMM, ARNOLD D
STREET ADDRESS: 15030-106 ARBOR LAKES DRIVE W
CITY-ST-ZIP: N FT MEYERS FL 33917 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Nelson Ade

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

29 Aug 2008

772-589-3930

Daytime Phone #