

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084111

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** LP KITCHEN & BATH INSTALLATION, LLC

**Current Principal Place of Business:**

8215 LI FAIR DRIVE  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

8215 LI FAIR DRIVE  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:** 51-0528523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC.  
813 DELTONA BLVD  
SUITE A (BOX 1333381)  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

PORTIS, LONNIE D MGR.  
8215 LI FAIR DR.  
PENSACOLA, FL 32506 US

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.

SIGNATURE: LONNIE PORTIS

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORTIS, LONNIE  
Address: 8215 LI FAIR DRIVE  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PORTIS, LONNIE D  
Address: 8215 LI FAIR DRIVE  
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LONNIE PORTIS

MGR

01/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date