

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084432

Entity Name: E.C.R. INSTALATION LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1894 ISLAND WALK DR
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1894 ISLAND WALK DR
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-1907741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RISER, ERIC C
Address: 4687 PEMBROOK PL
City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RISER, ERIC C
Address: 1894 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824 US

Title: MGR () Change (X) Addition
Name: RISER, ERIC C
Address: 1894 ISLAND WALK DR
City-St-Zip: ORLANDO, FL 32824

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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: ERIC RISER

MGR

04/14/2009

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