## 2007 LIMITED LIABILITY COMPANY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ml NAME STREET ADDRESS CITY-ST-71P

## FILED **ANNUAL REPORT** Feb 08, 2007 08:00 AM Secretary of State DOCUMENT # L04000084811 1. Entity Name SUNSHINE SIDING, LLC Principal Place of Business Mailing Address 8806 BRIGHT OAK CIRCLE 8806 BRIGHT OAK CIRCLE MILTON, FL 32583 MILTON, FL 32583 US 02062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1935661 Not Applicable \$5.00 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent CULVER, PORTER W SR. DO NOT WRITE 8806 BRIGHT OAK CIRCLE **MILTON, FL 32583** IN THIS SPACE 1. 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 nt and this if applicable (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CULVER, PORTER W SR. NAME STREET ADDRESS 8806 BRIGHT OAK CIRCLE MILTON, FL 32583 CITY-ST-ZIP U00000628543 TILE 02/16/07-80020-002 55.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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