

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90305 001 \*\*\*100.00

**DOCUMENT # L04000087195**

1. Entity Name  
**JOSEPH LONGVER VINLEY SIDING LLC**



Principal Place of Business  
**127 ASHLEY HALL RD  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**127 ASHLEY HALL RD  
CRAWFORDVILLE, FL 32327**

**30005978**



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3650620</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LONGVER, JOSEPH  
127 ASHLEY HALL RD  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
IN THIS SPACE**

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

*Joseph Longver*

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

(NOTE: Registered Agent signature required when reinstating)

*4/20/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LONGVER, JOSEPH
STREET ADDRESS	127 ASHLEY HALL RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	MGRM
NAME	DALES, TIMOTHY
STREET ADDRESS	127 ASHLEY HALL RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph Longver*

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

*4/20/06*

Date

Daytime Phone #

ATTACHMENT 30005978  
#L04000087195

4/20/06

To whom it may Concern...

my husband Signed Section 8 by mistake.

Please avoid that Signature.

Thank you.  
Peppy Longder.

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