# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L04000087195**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2579 TINY LEAF RD<br>TALLAHASSEE, FL 32305 | 2579 TINY LEAF RD<br>TALLAHASSEE, FL 32305 |

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04252008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 11-3650620 | Not Applicable |

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

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

LONGVER, JOSEPH
2579 TINY LEAF RD
TALLAHASSEE, FL 32305

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**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 $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000930336
05/21/08-80105-011  138.75

**9.**                    MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | LONGVER, JOSEPH |
| STREET ADDRESS | 2579 TINY LEAF RD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32305 |
| TITLE | MGRM |
| NAME | DALES, TIMOTHY |
| STREET ADDRESS | 127 ASHLEY HALL RD |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | MGRM |
| NAME | WILKIE, DAVID |
| STREET ADDRESS | 2579 TINY LEAF RD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32305 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #