

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091484

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: "GUTTER-DONE" SEAMLESS ALUMINUM GUTTERS, LLC

## Current Principal Place of Business:

1743 FULLER DR  
GULF BREEZE, FL 32563 US

## New Principal Place of Business:

6671 MARTIN RD.  
MILTON, FL 32570 US

## Current Mailing Address:

1743 FULLER DR  
GULF BREEZE, FL 32563 US

## New Mailing Address:

6671 MARTIN RD.  
MILTON, FL 32570 US

FEI Number: 02-0737653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWKINS, PAUL R  
1743 FULLER DR  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

HAWKINS, PAUL R  
6671 MARTIN RD.  
MILTON, FL 32570 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:

03/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HAWKINS, PAUL R  
Address: 1743 FULLER DR  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGRM ( ) Delete  
Name: GILMORE, GARRY E  
Address: 2160 CASTLE GROVE DR.  
City-St-Zip: NAVARRE, FL 32566 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HAWKINS, PAUL R  
Address: 6671 MARTIN RD.  
City-St-Zip: MILTON, FL 32570 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL R. HAWKINS

MGRM

03/25/2009

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