

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L05 000000445

1. Entity Name

**AARON'S INSTALLATIONS, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>319 NE 37th AVENUE</b> Suite, Apt. #, etc		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>OCALA, FL</b>		City & State	
Zip <b>34470</b>	Country	Zip	Country

4. FEI Number  
**58-9606652**

Applied For  
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**AARON M. JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)  
**319 NE 37th AVENUE**

City  
**OCALA**

FL Zip Code  
**34470**

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.

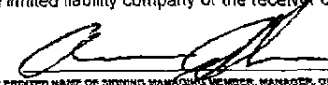
SIGNATURE **AARON M. JOHNSON**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
Make Check Payable to Department of State  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER AARON M. JOHNSON 319 NE 37th AVENUE OCALA, FL 34470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000500553 04/25/06-80025-022 50.00</b>
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 exemption stated in Section 119.07(3)(f), 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:  **4-6-06 352-615-1250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #