~~2006~~ 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2006 8:00 am
Secretary of State
04-24-2006 90069 043 ****50.00

DOCUMENT # L05000018426

1. Entity Name

MATT NOLANS DRAPERY INSTALLATIONS LLC

Principal Place of Business New ADDRESS

~~822 OLD ENGLAND LOOP~~
~~SANFORD FL 32771~~
1221 Hamilton Ave
Longwood, FL 32750

Mailing Address

~~822 OLD ENGLAND LOOP~~
~~SANFORD FL 32771~~
1221 Hamilton Ave
Longwood, FL 32750

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 61-1467657 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAN, MATHEW F
~~822 OLD ENGLAND LOOP~~
~~SANFORD FL 32771~~
New ADDRESS
1221 Hamilton Ave
Longwood, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOLAN, MATHEW F 822 OLDENGLAND LOOP SANFORD FL 34277-1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nolan, Matthew F. 1221 Hamilton Ave Longwood, FL 32750	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Matthew F. Nolan 4-10-06 4072098453

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