


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

07 SEP 18 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000021980</b> 1. Entity Name UNLIMITED EXTERIORS, LLC	
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Principal Place of Business PO BOX 185 TELOGIA, FL 32360	Mailing Address PO BOX 185 TELOGIA, FL 32360
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07232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2169365	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  HIRES, TIFFANY C 21450 NW HWY 65 SOUTH TELOGIA, FL 32360	<b>DO NOT WRITE IN THIS SPACE</b>
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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:

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRES, TIFFANY C PO BOX 185 TELOGIA, FL 32360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRES, DARRYL PO BOX 185 TELOGIA, FL 32360
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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:** Tiffany C. Hires 09/28/07 (850) 920-3507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #