2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 26, 2007 08:00 XM DOCUMENT # L05000030041 1. Entity Namo **Secretary of State** INSTALLATIONS UNLIMITED COMMERCIAL RENTALS, LLC Principal Place of Business Mailing Address 7241 TROPICAL LANE BOKEELIA FL 33922 P.O. BOX 469 BOKEELIA FL 33922 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Numbor 20-2703654 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRIGHT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HIGHWAY MARATHON FL 33050 Zıp Code City FI 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, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10, Addition шп ☐ Change 11111 **MGRM** ☐ Delete NAMI NAME GILLING, RICHARD A U00000605864 STREET ADDRESS STREET ADDRESS 9711 OVERSEAS HIGHWAY 01/30/07-80047-009 55.00 CHY-SI-7IP CHY-S1-7IP MARATHON FL 33050 Change ШП Addition um Defete NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CISY-SI-7IP ☐ Change Addition 1014 Defete 1010 NAMI. NAMI STRULT ADDRESS STREET ADDRESS CHY-ST-ZIP cify-schr ☐ Change ☐ Addition mn ☐ Delete THILE NAMI NAMI STREET ADDRESS SUBLITATIONS CHY S1-ZiP CHY-S1-7/P ☐ Change Addition THE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-ST-7F ☐ Detete HITTE Change Addition THE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUY-St-ZIP 11. I hereby cortify 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 eath; 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.