

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047920

FILED
Aug 28, 2009
Secretary of State

Entity Name: CUSTOM INSTALLATION SERVICES, LLC

Current Principal Place of Business:

5304 CRANE HILL CT
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5304 CRANE HILL CT
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 20-2840774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAVES, ROBERT S
5304 CRANE HILL
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRAVES, ROBERT S
Address: 5304 CRANE HILL CT
City-St-Zip: ST CLOUD, FL 34771

Title: MGRM () Delete
Name: GRAVES, LINDA M
Address: 5304 CRANE HILL CT
City-St-Zip: ST CLOUD, FL 34771

Title: MGR () Delete
Name: GRAVES, ROBERT C
Address: 5304 CRANE HILL CT
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES:

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

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

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: ROBERT S. GRAVES

MGRM

08/28/2009

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