


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90079 014 \*\*\*\*50.00

<b>DOCUMENT # L05000054698</b> 1. Entity Name <b>HILLIARD'S INSULATION, LLC</b>					
Principal Place of Business 2301 N.E. 17TH PLACE UNIT 102 OCALA, FL 34470 US			Mailing Address 2301 N.E. 17TH PLACE UNIT 102 OCALA, FL 34470 US		
2. Principal Place of Business <b>1010 SW 33rd Ave.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Ocala, FL</b> Zip <b>34474</b>		3. Mailing Address <b>1010 SW 33rd Ave.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Ocala, FL</b> Zip <b>34474</b>		4. FEI Number <b>20-2942096</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WARREN, JEFFERY L JR.</b> <b>3141 S.W. 1ST AVENUE</b> <b>OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLIARD, HAROLD I 4882 S.W. 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLIARD, SHARON G 4882 S.W. 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, JEFFERY L JR. 3141 S.W. 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CHRISTOPHER T 2403 S.E. 31ST PLACE OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CHRISTOPHER T 2403 S.E. 31ST PLACE OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CHRISTOPHER T 2403 S.E. 31ST PLACE OCALA, FL 34471	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CHRISTOPHER T 2403 S.E. 31ST PLACE OCALA, FL 34471	<input type="checkbox"/> Delete			
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: <u>Sharon G. Hilliard</u>		7-11-06		(352) 622-0199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	