

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054698

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: HILLIARD'S INSULATION, LLC

## Current Principal Place of Business:

1010 SW 33RD AVE  
SUITE B  
OCALA, FL 34474 US

## New Principal Place of Business:

## Current Mailing Address:

1010 SW 33RD AVE  
SUITE B  
OCALA, FL 34474 US

## New Mailing Address:

FEI Number: 20-2942096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARREN, JEFFERY L JR.  
3141 S.W. 1ST AVENUE  
OCALA, FL 34474 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: HILLIARD, HAROLD I  
Address: 4882 S.W. 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete  
Name: HILLIARD, SHARON G  
Address: 4882 S.W. 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete  
Name: WARREN, JEFFERY L JR.  
Address: 3141 S.W. 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete  
Name: WARREN, CHRISTOPHER T  
Address: 1719 SE 28TH ST  
City-St-Zip: OCALA, FL 34471 US

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTI WARREN

HR

04/24/2007

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