

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054698

FILED
Apr 20, 2009
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.
586 SE 95 STREET
OCALA, FL 34480 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: 586 SE 95 STREET
City-St-Zip: OCALA, FL 34480 US

Title: MGRM () Delete
Name: WARREN, CHRISTOPHER T
Address: 2307 SE 14 STREET
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 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: SHARON HILLIARD

MGMR

04/20/2009

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