

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054698

**FILED**  
**Apr 13, 2010**  
**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  
**Name:** HILLIARD, HAROLD I  
**Address:** 4882 S.W. 1ST AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

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

**Title:** MGRM  
**Name:** WARREN, JEFFERY L JR.  
**Address:** 586 SE 95 STREET  
**City-St-Zip:** OCALA, FL 34480 US

**Title:** MGRM  
**Name:** WARREN, CHRISTOPHER T  
**Address:** 2307 SE 14 STREET  
**City-St-Zip:** OCALA, FL 34471 US

I hereby 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

MGRM

04/13/2010

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