

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065536

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: AMERICAN INSTALLERS, LLC

**Current Principal Place of Business:**

5263 GULF BREEZE PARKWAY  
#11  
GULFBREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1016  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 84-1683239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

CHARPING, SHANNON  
5263 GULF BREEZE PARKWAY  
#11  
GULFBREEZE, FL 32563 US

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: CHARPING, SHANNON  
Address: 8275 NORTH PALAFOX, LOT # 3  
City-St-Zip: PENSACOLA, FL 32534 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHARPING, SHANNON  
Address: 5263 GULFBREEZE PKWY.  
City-St-Zip: GULFBREEZE, FL 32563 US

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: SHANNON CHARPING

MGRM

08/26/2008

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