

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90228 030 \*\*\*\*50.00

**DOCUMENT # L05000074715**

1. Entity Name  
CAT 5 WALL SYSTEMS, LLC



Principal Place of Business  
8630 S.E. WATER OAK PLACE  
TEQUESTA, FL 33469

Mailing Address  
8630 S.E. WATER OAK PLACE  
TEQUESTA, FL 33469

60032771



02192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3250637

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

YANNUZZI, VINCENT  
8630 WATER OAK PLACE  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	YANNUZZI, VINCENT
STREET ADDRESS	8630 S.E. WATER OAK PLACE
CITY- ST- ZIP	TEQUESTA, FL 33469

TITLE	
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CITY- ST- ZIP	

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IN THIS SPACE**

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:** *Vincent Yannuzzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*April 3, 2007*

Date

Daytime Phone #

*561-748-8387*