

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90222 041 \*\*\*\*55.00

**DOCUMENT # L05000079917**

1. Entity Name

DEDICATED RAIN GUTTERS, LLC



Principal Place of Business

210 HAWTHORNE CIRCLE  
FORT WALTON BEACH FL 32547

Mailing Address

210 HAWTHORNE CIRCLE  
FORT WALTON BEACH FL 32547



2. Principal Place of Business

210 Hawthorne Cr  
Suite, Apt. #, etc.

3. Mailing Address

210 Hawthorne Cr  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

65-1257811

Applied For

Not Applicable

Zip

32547

Country

U.S.A.

Zip

32547

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ERIC  
210 HAWTHORNE CIRCLE  
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LEWIS, DAVID E  
STREET ADDRESS 210 HAWTHORNE CIRCLE  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

☐ Delete

TITLE MGRM  
NAME HARVILLE, RICHARD A  
STREET ADDRESS 3240 TWILIGHT DRIVE  
CITY-ST-ZIP CRESTVIEW FL 32539

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

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

3-14-06 (850)974-1663

Date

Daytime Phone #