

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (A)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90253 017 \*\*\*\*\*50.00

DOCUMENT # L05000083279

1. Entity Name

DEAN POPPELL SIDING, LLC



Principal Place of Business

Mailing Address

158 TRICE LANE  
CRAWFORDVILLE FL 32327

158 TRICE LANE  
CRAWFORDVILLE FL 32327

2. Principal Place of Business - No P.O. Box #

24 Swift Pass

3. Mailing Address

24 Swift Pass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

04-3763195  
202353148

Applied For

Not Applicable

Zip

32327

Country

US

Zip

32327

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POPPELL, MICHELLE  
158 TRICE LANE  
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name Andrew Dean Poppell

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

24 Swift Pass

City

Crawfordville

FL

Zip Code

32327

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

*Andrew Dean Poppell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

FEI Number

04-3763195

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME POPPELL, DEAN  
STREET ADDRESS 158 TRICE LANE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE MGR  
NAME ROGERS, CURTIS  
STREET ADDRESS 158 TRICE LANE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ 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 MGR  
NAME DEAN POPPELL  
STREET ADDRESS 24 Swift Pass  
CITY-ST-ZIP Crawfordville FL ☒ Change ☐ Addition

TITLE MGR  
NAME Curtis Rogers  
STREET ADDRESS 24 Swift Pass  
CITY-ST-ZIP Crawfordville FL ☒ 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:

*A Dean Poppell*

A Dean Poppell

4-3-07

(850)

510 1567

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

Date

Daytime Phone #