

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000114956**

1. Entity Name  
**TOMMY HUNT INSTALLATIONS, LLC**



Principal Place of Business  
**356 NW TURNER AVE  
LAKE CITY, FL 32055**

Mailing Address  
**356 NW TURNER AVE  
LAKE CITY, FL 32055**



08012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3879621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HUNT, RALPH T  
356 NW TURNER AVE  
LAKE CITY, FL 32055**

**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

*Ralph T Hunt*

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

(NOTE: Registered Agent signature required when reinstating).

*8/6/07*

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

U000000771788  
08/08/07-80008-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HUNT, RALPH T
STREET ADDRESS	356 NW TURNER AVE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Ralph T Hunt*

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

*8/6/07*

Date

Daytime Phone #