

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000121170

FILED  
May 26, 2007  
Secretary of State

**Entity Name:** WATERS EDGE SEAMLESS GUTTERS, LLC

**Current Principal Place of Business:**

413 17 TH ST  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

413 17 TH ST  
SAINT CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 20-3940909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

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

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: DUMARS, MICHELLE M  
Address: 413 17 TH ST  
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM ( ) Delete  
Name: DUMARS, RANDY J  
Address: 413 17 TH ST  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: DUMARS, JESSIE  
Address: 1195 PERCH DR  
City-St-Zip: SAINT CLOUD, FL 34771

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: JESSIE DUMARS

MGRM

05/26/2007

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