2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/26/2007-90040-019-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66021911

03072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000008715

1. Entity Name
DC SIDING LLC

Principal Place of Business	Mailing Address
8450 NW 160TH ST. FANNING SPRINGS, FL 32693	8450 NW 160TH ST. FANNING SPRINGS, FL 32693

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
8450 NW 160 ST		20-4446262	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: FANNING SPRGS FL	City & State		
Zip: 32693 Country: U.S.A	Zip Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNATSER, DENNIS
8450 NW 160TH ST.
FANNING SPRINGS, FL 32693

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

[redacted]

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	CONNATSER, DENNIS	NAME	
STREET ADDRESS	8450 NW 160TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FANNING SPRINGS, FL 32693	CITY-ST-ZIP	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	CONNATSER, RICHARD	NAME	
STREET ADDRESS	8450 NW 160TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FANNING SPRINGS, FL 32693	CITY-ST-ZIP	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	CONNATSER, SCOTT	NAME	
STREET ADDRESS	8450 NW 160TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FANNING SPRINGS, FL 32693	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 07

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: Dennis Connatser 9-27-07 221-1348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #