

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024107

FILED
Sep 24, 2008
Secretary of State

Entity Name: CFS YARDARM INSTALLATION SERVICE, LLC

Current Principal Place of Business:

1627 NESTLEWOOD TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

1627 NESTLEWOOD TRAIL
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-4605700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BISHINS, DAVID S
1627 NESTLEWOOD TRAIL
ORLANDO, FL 32837 US

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: BISHINS, DAVID S
Address: 1627 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BISHINS, PAUL
Address: 1627 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Change (X) Addition
Name: BISHINS, MICHAEL
Address: 1627 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

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: DAVID BISHINS

MGRM

09/24/2008

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