2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jun 15, 2007 8:00 am Secretary of State

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DOCUMENT # L06000034633 1. Entity Name						Secretary of State 05-09-2007 90029 018 ****50.00				
DAVID R	REVELS INSTA	LLATION AND	REPAIR LLC							
Principal Place of Business			Mailing Address			1				
3787 NE 170TH STREET CITRA FL 32113			P.O. BOX 115 SPARR FL 32192							
2. Principal I	Place of Business - f	No P.O. Box it	3. Mailing Address			_	I IZBIIDH BIY BOHD 2550 BAY	 19 11 18 11 19 1		J 31 # EF (II 100)
Suite, Apt. #, etc.			Suite, Apt. #, otc.] 	1st MOORE	CR2E08	33 (10/06)	
City & State			City & State			4. FEI Nu.	mber - 116603	4) ···· (···	opplied For Ol Applicable
Zip			Zip Cou		ry	<u>J</u>	ato of Status Dosire		\$5.00 Ad Fee Require	
		oddress of Current Re	egistered Agent	- 	Namo	7. Name i	and Address of Ne	w Registered	1 Agent	<u> </u>
378	VELS, DAVID 9 87 NE 170TH 9 IRA FL 32113	S STREET				P.O. Box Nu	Imber is Not Accept	able)		
•	4.5				City	FL Zip Code			de et	
8. The above the obligation	e named entity submi	ils this statement for the	he purpose of changing its	regislored	d office or register	rod agent, or	both, in the State of	f Florida. I arr	n familiar with	, and accept
SIGNATURE			north and a second							
	Signature, typed or printed	c name of registered agent and			Agent signature required	when (enstelling)	1	DATE		
Make Check Payable to					EE IS \$50.00 rida Departmer	nt of State				
			Due	By May	y 1, 2007					
9.		MANAGING MEMBERS	· · · · · · · · · · · · · · · · · · ·	10.		ADDITIONS/CHANGES				
NAME STREET ADDRESS CITY-ST-ZIP	Manage David Re 3787NE17 Citra Fly	الا المرازع المرازع	☐ Delete	THRE NAME STREET	TADDRESS				☐ Change	☐ Addition
THE	CITTA NO	134113	☐ Delete	INLE	51-71				Change	Addition
NAME STREET ADORESS CITY-ST-ZIP			LJ OUNC	NAME	I ADDRESS				∐ CHailge	☐ Addition
PRITE NAME		_	☐ Delete	TITLE NAME			- -		☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP	-l -	<u>_</u>		SHREE	FADORESS ST-7IP					
TITLE NAME			Oelele	HILE					☐ Change	Addition
STREET ADDRESS				4	T ADDRESS					
CHY-SI-ZIP	 			CITY-S	SI-ZIP					
TITLE NAME SIREET ADDRESS CITY-SI-7IP			☐ Delete	NAME STREET CITY-S	TADORESS S1-74P				☐ Change	☐ Addition
MALE NAME			☐ Delete	HILE NAME					Change	Addition
STREET ADDRESS	1			STREET	T ADDRESS					Į

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 logal effect as if made under eath; 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.

CITY-S1-7IP

CHY-SI-ZIP

SIGNATURE: David Rouels David Revels 4/26/07 352-595"5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylors Promy 8