

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043633

FILED
Jan 03, 2007
Secretary of State

Entity Name: A - 1 GUTTER SOLUTIONS LLC

Current Principal Place of Business:

5490 MORGAN ROAD
WALNUT HILL, FL 32568 US

New Principal Place of Business:

7290 HIGHWAY 97
WALNUT HILL, FL 32568 US

Current Mailing Address:

5490 MORGAN ROAD
WALNUT HILL, FL 32568 US

New Mailing Address:

7609 NORTHPOINTE DRIVE
PENSACOLA, FL 32514 US

FEI Number: 20-8102890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, ROYCE A
5490 MORGAN ROAD
WALNUT HILL, FL 32568 US

Name and Address of New Registered Agent:

TUCKER, BRIAN K
7609 NORTHPOINTE DRIVE
PENSACOLA, FL 32514 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: BRIAN TUCKER

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNEIDER, ROYCE A
Address: 5490 MORGAN ROAD
City-St-Zip: WALNUT HILL, FL 32568 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAIRCLOTH, DANIEL
Address: 7290 HIGHWAY 97
City-St-Zip: WALNUT HILL, FL 32568 US

Title: MGRM () Change (X) Addition
Name: TERWILLIGER, MICHAEL
Address: 5871 ARTHUR BROWN ROAD
City-St-Zip: WALNUT HILL, FL 32568

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL FAIRCLOTH

MGR

01/03/2007

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