2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 17, 2008 8:00 am Secretary of State DOCUMENT # L06000048335 1. Entity Name 04-17-2008 90162 006 \*\*\*138.75 JUST GUTTERS LLC Principal Place of Business Mailing Address 2150 SOUTH TANNER ROAD 2150 SOUTH TANNER ROAD ORLANDO FL 32820 ORLANDO FL 32820 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2162 South Tanner Rd 2162 South Tanner Road 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Orlando 20-4851932 Not Applicable \$5.00 Additional 32620 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELLERS, DONA J Street Address (P.O. Box Number is Not Acceptable) 2162 S. TANNER ROAD ORLANDO FL\32820 City 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. Lam familiar with, and accept the obligations of registered about 2-25-08 (NOTE: Registered Agent agricultie required when reinstaking) $\langle \gamma \rangle_{k_{\bullet}}$ FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. · MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE TITLE ☐ Delete Change Addition NAME SELLERS, DONA J NAME STREET ADDRESS 2162 SOUTH TANNER ROAD STREET ADDRESS ORLANDO FL 32820 CITY-ST-ZiP TITLE MGRM Delete THEF Change Addition SELLERS, RONALD L NAME STREET ADDRESS 2162 SOUTH TANNER ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32820 CITY-ST-Z:P 1:1LE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 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.

IGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

**FILED** 

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