

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90042 019 \*\*\*\*50.00

**DOCUMENT # L06000048523**

1. Entity Name  
**CONTRACTOR INSTALLATION SERVICES, LLC**



Principal Place of Business  
**16051 PINTO ROAD  
SUITE 1  
NORTH FORT MYERS, FL 33903 US**

Mailing Address  
**16051 PINTO ROAD  
SUITE 1  
NORTH FORT MYERS, FL 33903 US**

**30012419**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**13-4333303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

**Same Correct**

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

**Kevin L Martin**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MARTIN, KEVIN L**  
STREET ADDRESS **16051 PINTO ROAD, SUITE 1**  
CITY - ST - ZIP **NORTH FORT MYERS, FL 33903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
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CITY - ST - ZIP

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CITY - ST - ZIP

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 606, Florida Statutes.

**239-839-3435**

SIGNATURE:

**Kevin L Martin**

**7/16/07**

**239-652-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #