

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

*I am not getting  
information from the*

DOCUMENT # L06000048523

1. Entity Name

CONTRACTOR INSTALLATION SERVICES, LLC



State - FILED

Aug 06, 2008 08:00 AM  
NOV 13 2008  
Secretary of State

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



08022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

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

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U00000957221  
08/06/08-80004-018 143.75

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

*Kevin L Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/2/08 239-859-3435