

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90072 014 *****50.00

DOCUMENT # L06000051078

1. Entity Name
FULL-ON INSTALLATIONS LLC



Principal Place of Business Mailing Address
218 TIMPOOCHEE DR. 218 TIMPOOCHEE DR.
INDIAN HARBOUR BCH., FL 32937 US INDIAN HARBOUR BCH., FL 32937 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
218 Timpoochee Dr. 218 Timpoochee Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Indian Harbour Bch., FL Indian Harbour Bch., FL

Zip Country Zip Country
32937 United States 32937 United States

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
30-5036690 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLAN, DAVID
218 TIMPOOCHEE DR.
INDIAN HARBOUR BCH., FL 32937

7. Name and Address of New Registered Agent

Name
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLAN, DAVID 218 TIMPOOCHEE DR. INDIAN HARBOUR BCH., FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David J. Fullan Jr. Date: 2/26/07 (321) 266-9781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE