2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 07, 2007 8:00 am
Secretary of State

01-16-2007 90053 010 ****50.00

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1. Entity Name
PANHANDLE INSTALLATIONS, LLC

Principal Place of Business	Mailing Address
6504 BRIDGEWATER WAY #205 PANAMA CITY BEACH, FL 32407	6504 BRIDGEWATER WAY #205 PANAMA CITY BEACH, FL 32407

01112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8833 Front Beach Rd.	8833 Front Beach Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State: Panama City Beach, FL
Zip: 32407 Country: USA	Zip: 32407 Country: USA

4. FEI Number: 51-0581923 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMAC, ROBERT A
6504 BRIDGEWATER WAY
#205
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name: Simac, Robert A
Street Address (P.O. Box Number is Not Acceptable): 8833 Front Beach Rd
City: Panama City Beach FL Zip Code: 32407

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] 1-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Simac, Robert A 8833 Front Beach Rd Panama City Beach, FL 32407	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	No other officer or Directors managers or Principals	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: [signature] President 1-12-07 (850 217-1950)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #