

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000055215

1. Entity Name
D & K EXTERIORS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 2:33

Principal Place of Business
1559 SW HOWELL ST
LAKE CITY, FL 32024

Mailing Address
1559 SW HOWELL ST
LAKE CITY, FL 32024

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

02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-49162515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORMIER, DWAYNE B
1559 SW HOWELL ST
LAKE CITY, FL 32024

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

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

800110060899

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CORMIER, DWAYNE B
STREET ADDRESS 1559 SW HOWELL ST
CITY-ST-ZIP LAKE CITY, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800110060899
09/28/07--01054--022 **\$5.00

TITLE MGRM
NAME WEBSTER, KEVIN A
STREET ADDRESS 429 SW GAINER DR
CITY-ST-ZIP LAKE CITY, FL 32024 ☐ Delete

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

TITLE MGRM
NAME GOFF, KEVIN A
STREET ADDRESS 296 SE ALFRED MARKHAM ST
CITY-ST-ZIP LAKE CITY, FL 32025 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

Kevin Webster 9/18/07 (386) 867-2305