2007 LIMITED LIABILITY COMPANY

Jan 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000057398 01-19-2007 90065 028 ****55.00 RNB INSTALLATIONS, LLC Principal Place of Business Mailing Address VVVV4147 11858 GREENLAND OAKS DR 11858 GREENLAND OAKS DR JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 213 56 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNNER, RICHARD N JR 11858 GREENLAND OAKS DR Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32258 City 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR TITLE Delete TITLE ☐ Change Addition BRUNNER, RICHARD N JR NAME NAME STREET ADDRESS 11858 GREENLAND OAKS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP JACKSONVILLE, FL 32258 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Chappe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-\$1-2IP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

RICHARD IV. BRUNNER TR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

FILED

Change

Addition