2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000060839

1. Entity Name
DIY HURRICANE SUPPLY, LLC

Principal Place of Business	Mailing Address
311 MISSOURI AVENUE NORTH H LARGO, FL 33770	311 MISSOURI AVENUE NORTH H LARGO, FL 33770

04172008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0662317
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUGENT, AARON B
311 MISSOURI AVENUE NORTH
H
LARGO, FL 33770

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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
After May 1, 2008 Fee will be $538.75

000000922082
05/15/08-80021-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	NUGENT, AARON B
STREET ADDRESS	311 MISSOURI AVENUE NORTH, SUITE H
CITY-ST-ZIP	LARGO, FL 33770
TITLE	CEO
NAME	KELIHER, ROBERT D
STREET ADDRESS	311 MISSOURI AVENUE NORTH, SUITE H
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 605, Florida Statutes.

SIGNATURE: Robert D. Keliher April 22,08 727 538-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #