

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083090

Entity Name: NA INSTALLATIONS, LLC

FILED  
May 10, 2008  
Secretary of State

**Current Principal Place of Business:**

1171 CREEKVIEW CT.  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

1171 CREEKVIEW CT.  
ST. CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 20-5463845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOUST, KATHLEEN M  
17 S. ORLANDO AVENUE  
KISSIMMEE, FL 34741      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAWYER, NICHALAS  
Address: 1611 WYOMING AVENUE  
City-St-Zip: ST. CLOUD, FL 34769

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAWYER, NICHALAS  
Address: 1171 CREEKVIEW CT  
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICHALAS LAWYER

MGRM

05/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date