## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETA . **DOCUMENT # L06000089251** 1. Entity Name CARLSON INSTALLATIONS, LLC 07 OCT -4 PM 3: 38 Principal Place of Business Mailing Address 6 518 SOUTH ATLANTIC AVENUE 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-4508 DAYTONA BEACH, FL 32118-4508 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.---Suite, Apt., #, etc. 08012007 Applied For City & State City & State 4. FEI Number 20-5561241 Not Applicable Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLSON, CHARLES Street Address (P.O. Box Number is Not Acceptable) 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-4508 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, ryped or printed name of registered agent and side if applicable DATE (NOTE: Registered Agent signature required when remalating) Make check payable to Filling Eee is \$50.00 Due by September 14, 2007 Florida Department of State? MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Addition TITLE Delete TET) F CARLSON, CHARLES NAME NAME STREET ADDRESS 518 SOUTH ATLANTIC AVENUE STREET ADDRESS DAYTONA BEACH, FL 321184508 CITY-SI-ZIP CITY-51-71P TITLE ☐ Delete TITLE ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. CHARLES CARLSON YPED OR PRINTED HAME OF SIGNING MANAGRIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/4/2007-90084-015-\$50.00-\$50.00

386-255-8558