


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SECRET
DIVISION

07 OCT -4 PM 3:38

DOCUMENT # L06000089251		
1. Entity Name CARLSON INSTALLATIONS, LLC		

Principal Place of Business 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-4508	Mailing Address 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-4508
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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

8. Name and Address of Current Registered Agent	
CARLSON, CHARLES 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-4508	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	(Make check payable to Florida Department of State)
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, CHARLES 518 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 321184508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles Carlson CHARLES CARLSON 10-2-07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: Daytime Phone #:

386-255-8558