

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102877

FILED  
Jul 02, 2008  
Secretary of State

Entity Name: THE PLACE INSTALLATION LLC

**Current Principal Place of Business:**

151 S HWY 17-92  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

151 S HWY 17-92  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-3697750      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:**

GRATEROL, ALEJANDRO  
151 S HWY 17-92  
LONGWOOD, FL 32750      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: GRATEROL, ALEJANDRO  
Address: 151 S HWY 17-92  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: BERTOLINI, ENRICO  
Address: 151 S HWY 17-92  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BERTOLINI, ENRICO  
Address: 151 S HWY 17-92  
City-St-Zip: LONGWOOD, FL 32750

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: ALEJANDRO GRATEROL

MGRM

07/02/2008

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