

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014508

Entity Name: ALL KEYS GUTTER, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

194 JASMIN ST  
TAVERNIER, FL 33070 US

## New Principal Place of Business:

## Current Mailing Address:

194 JASMIN ST  
TAVERNIER, FL 33070 US

## New Mailing Address:

PO BOX 936  
TAVERNIER, FL 33070 US

FEI Number: 20-8410814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JORGENSEN, PAUL JAMES JR.  
194 JASMINE STREET  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

JORGENSEN, PAUL J JR.  
194 JASMINE STREET  
TAVERNIER, FL 33070 US

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: PAUL JORGENSEN

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JORGENSEN, PAUL JAMES JR  
Address: 194 JASMINE STREET  
City-St-Zip: TAVERNIER, FL 33070 US

Title: MEMB ( ) Delete  
Name: MONEY, LAWRENCE V MEMBER  
Address: 543 SOUND DR  
City-St-Zip: KEY LARGO, FL 33037

Title: MEMB ( ) Delete  
Name: JOHNSON, ERIC W MEMBER  
Address: 1522 SW 157 TER  
City-St-Zip: MIAMI, FL 33187

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JORGENSEN, PAUL J J JR  
Address: 194 JASMINE STREET  
City-St-Zip: TAVERNIER, FL 33070 US

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

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

Title: MEMB ( ) Change (X) Addition  
Name: JORGENSEN, DEANA M MEMBER  
Address: 194 JASMINE ST  
City-St-Zip: TAVERNIER, FL 33070

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: DEANA JORGENSEN

MEMB

04/29/2009

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