

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045796

FILED
Mar 23, 2009
Secretary of State

Entity Name: EXTERIOR SOLUTIONS, LLC

Current Principal Place of Business:

585 SE CENTRAL PARKWAY
SUITE 109
STUART, FL 34994 US

New Principal Place of Business:

585 SE CENTRAL PARKWAY
STUART, FL 34994 US

Current Mailing Address:

PO BOX 3150
STUART, FL 34995 US

New Mailing Address:

FEI Number: 14-2001994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DAVID E
585 SE CENTRAL PARKWAY
SUITE 109
STUART, FL 34994 US

Name and Address of New Registered Agent:

HILL, DAVID E
585 SE CENTRAL PARKWAY
STUART, FL 34994 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILL, DAVID E
Address: 585 SE CENTRAL PARKWAY, SUITE 109
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: HILL, VIRGINIA L
Address: 585 SE CENTRAL PARKWAY, SUITE 109
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HILL, DAVID E
Address: 585 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994 US

Title: MGRM (X) Change () Addition
Name: HILL, VIRGINIA L
Address: 585 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994 US

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: VIRGINIA L HILL

MGRM

03/23/2009

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