## 2008 LIMITED LIABILITY COMPANY

## **FILED** 'ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000071550** 1. Entity Name 04-04-2008 90134 041 \*\*\*138.75 K & E INSTALLATION, LLC Principal Place of Business Mailing Address 4954 LONGLAKE RIDGE DRIVE 4954 LONGLAKE RIDGE DRIVE CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANKS, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 4954 LONGLAKE RIDGE DRIVE CHIPLEY FL 32428 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. 2-408 Signature, typed or project name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Delete Change OcitibhA [ ] BANKS, KENNETH W NAME STREET ADDRESS 4954 LONGLAKE RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE ☐ Dalete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete Change Addition SAME HAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition