

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071815

Entity Name: ALCOTT INSTALLATION LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1648 SANDY HOLLOW LOOP  
MIDDLEBURG, FL 32068

## **New Principal Place of Business:**

3027 RUSSELL RD.  
GREEN COVE SPRING, FL 32043

## **Current Mailing Address:**

1648 SANDY HOLLOW LOOP  
MIDDLEBURG, FL 32068

## **New Mailing Address:**

3027 RUSSELL RD.  
GREEN COVE SPRING, FL 32043

FEI Number: 71-1034146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ALCOTT, JAMES C  
1648 SANDY HOLLOW LOOP  
MIDDLEBURG, FL 32068 US

## **Name and Address of New Registered Agent:**

ALCOTT, JAMES C  
3027 RUSSELL RD.  
GREEN COVE SPRINGS, FL 32043 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:

04/11/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALCOTT, VANESSA M  
Address: 3027 RUSSELL RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM  
Name: ALCOTT, JAMES C  
Address: 3027 RUSSELL RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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: VANESSA ALCOTT

MRS.

04/11/2012

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