

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083467

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** 1ST IMPRESSION HOME IMPROVEMENT, LLC

**Current Principal Place of Business:**

4517 DECLARATION DRIVE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

2997 SUNSET VISTA BLVD  
KISSIMMEE, FL 34747

**Current Mailing Address:**

P.O. BOX 421316  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 16-1745378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOWALTER, ALAN G  
4517 DECLARATION DRIVE  
KISSIMMEE, FL 34746 US

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

SHOWALTER, ALAN G  
2997 SUNSET VISTA BLVD  
KISSIMMEE, FL 34747 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:

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS  
Name: SHOWALTER, BARBARA E  
Address: 2997 SUNSET VISTA BLVD  
City-St-Zip: KISSIMMEE, FL 34747

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: BARBARA SHOWALTER

MRS

04/30/2010

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