

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090644

Entity Name: T & G INSTALLERS LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

1462 N. ORION CIRCLE
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

1462 N. ORION CIRCLE
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 26-0837931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANON BUILDERS LLC
33105 EVERGREEN RD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

THOMAS, BUNN L JR
1462 N. ORION CIRCLE
DELTONA, FL 32738 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: THOMAS L BUNN JR

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUNN, THOMAS L JR.
Address: 1462 N. ORION CIRCLE
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM () Delete
Name: LAWRENCE, GARY T
Address: 1462 N. ORION CIRCLE
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM (X) Delete
Name: BUNN, JAMES
Address: 1462 N. ORION CIRCLE
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

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

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

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

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: THOMAS L BUNN JR

MGRM

01/23/2008

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