2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

04-29-2008 90032 020 ***138.75

30010042

EPDVNFOU!$ L07000115724

2/ Entity Name
A & A SKIRTING, L.L.C.

Principal Place of Business	Mailing Address
4422TR49U IBW PUFFD POFFIGM45 85	4422TR49U IBW PUFFD POFFIGM45 85
3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03192008 Di h.MAD DS3F194I)23017*

5/ FEI Number 26-1661481 — Applied For / Not Applicable

6/ Certificate of Status Desired ☐ %6/11 Beejupobm Gf.lSf.rvjhf.e

7/ Obn f iboelBeesf t t ipgDvssf ouSf hjt u sf eBhf ou

SOLIS, ANDRES
3311 SE 38TH AVE
OKEECHOBEE, FL 34974

8/ Obn f iboelBeesf t t ipgOf x lSf hjt u sf eBhf ou

Name

Street Address (P.O. Box Number Is Not Acceptable)

City GM Zip Code

9/ 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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Nblf dl fdl qbzbcmf up
Gpsjeb Efqbsu f oupgTubu

:/ MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MARY S 3311 SE 38TH AVE OKEECHOBEE, FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIS, ALICIA 3311 SE 38TH AVE OKEECHOBEE, FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

22/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

TJHOBUVSF: ANDRES SOLIS 4-24-08 (863)634-5489

TJHOBUVSF BOE UZQFE PS QSJOUFE OBNF PGTJHOJOH NBOBHJOH NFNCFS- NBOBHFSPSTBVUI PSJ[FESFQSFTFOUBUJWF — Date — Daytime Phone #