


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 033 ***143.75

DOCUMENT # L07000117922 1. Entity Name MONTE MEADOWS INSTALLATION LLC					
Principal Place of Business 934 ORANGE BLOSSOM LANE NOTRH FORT MYERS, FL 33903 US			Mailing Address 934 ORANGE BLOSSOM LANE NOTRH FORT MYERS, FL 33903 US		
2. Principal Place of Business - No P.O. Box # 7952 B Ebson Suite, Apt., #, etc. North Fort Meyers City & State		3. Mailing Address 7952 B Ebson Suite, Apt., #, etc. North Fort Meyers City & State			
Zip 33917		Country US		4. FEI Number 45-0579049	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MEADOWS, MONTE 934 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name Monte Meadows Street Address (P.O. Box Number is Not Acceptable) 7952 B Ebson North Fort Meyers City FL Zip Code 33917		
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. SIGNATURE Monte Meadows MS Meadows 8-25-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEADOWS, DAVID 9740 EBSON DRIVE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LONG, TIMOTHY E 934 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LONG, TIMOTHY E 934 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LONG, TIMOTHY E 934 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
11. 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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