

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054079

FILED  
May 01, 2009  
Secretary of State

Entity Name: A-1 GUTTERS AND MORE, LLC

## Current Principal Place of Business:

4149 SW TUSCOL STREET  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

1372 SW CREST AVE.  
PORT SAINT LUCIE, FL 34953

## Current Mailing Address:

4149 SW TUSCOL STREET  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

1372 SW CREST AVE.  
PORT SAINT LUCIE, FL 34953

FEI Number: 26-2727639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

OWENS, EDWARD  
4149 SW TUSCOL STREET  
PORT SAINT LUCIE, FL 34953      US

## Name and Address of New Registered Agent:

OWENS, EDWARD A  
1372 SW CREST AVE.  
PORT SAINT LUCIE, FL 34953      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: EDWARD A. OWENS

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OWENS, EDWARD  
Address: 4149 SW TUSCOL STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM ( ) Delete  
Name: BENDFELDT, JAMES  
Address: 820 SE STARFLOWER AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM (X) Delete  
Name: OWENS, LAURA  
Address: 4149 SW TUSCOL STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: OWENS, EDWARD A  
Address: 1372 SW CREST AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM (X) Change ( ) Addition  
Name: OWENS, LAURA  
Address: 1372 SW CREST AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: EDWARD A. OWENS

MGRM

05/01/2009

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