

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089363

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** ALL SEASONS INSULATION, LLC.

**Current Principal Place of Business:**

4045 VAILL POINT TERRACE  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4045 VAILL POINT TERRACE  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 03-0531792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORELLI, JOHN  
4045 VAILL POINT TERRACE  
ST. AUGUSTINE, FL 32086 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** BORELLI, JOHN J PRES  
**Address:** 4045 VAILL POINT TERRACE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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:** JOHN J BORELLI

PRES

04/21/2012

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