FILED

2007 SEP 12 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003603

1. Entity Name
FOUR SEASONS SOLAR PRODUCTS LLC

Principal Place of Business	Mailing Address
5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741	5005 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741

DO NOT WRITE IN THIS SPACE

08152007 No Chg-LLC CR2E063 (11/05)

4. FEI Number
74-3007447
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLIN, STEVE
4608 MILLENIA PLAZA WAY
ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALLEN, PETER
STREET ADDRESS	5005 VETERANS MEMORIAL HIGHWAY
CITY-ST-ZIP	HOLBROOK, NY
TITLE	MGRM
NAME	PISIK, MITCH
STREET ADDRESS	5005 VETERANS MEMORIAL HIGHWAY
CITY-ST-ZIP	HOLBROOK, NY 11741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

LS

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 16-8-07 (Required)