

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008530

**Entity Name:** ADVANCED INSTALLATION SOLUTIONS LLC

**Current Principal Place of Business:**

94 MARINA COVE DR  
NICEVILLE, FL 32878

**Current Mailing Address:**

94 MARINA COVE DR  
NICEVILLE, FL 32878 US

**FEI Number:** 26-4120351

**Certificate of Status Desired:** No

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

WILLIAMSON, PAUL D  
94 MARINA COVE DR  
NICEVILLE, FL 32878 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name WILLIAMSON, PAUL D  
Address 94 MARINA COVE DR  
City-State-Zip: NICEVILLE FL 32878

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL WILLIAMSON

**AUTHORIZED MEMBER**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date