2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT



Apr 19, 2005 8:00 am Secretary of State

FILED

DOCUMENT # L04000081046 1. Entity Name STACY C. BELL HOME MAINTENANCE REPAIR SERVICE, LLC						04-19-2005	90020 003	5 ****5().00
Principal Place of Business 4019 SHOREWOOD DR. PENSACOLA, FL 32507 US Address 4019 SHOREWOOD DR. PENSACOLA, FL 32507						200378	396		
2. Principal Place of Business		3. Mailing Address					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	11 4 1 5 4	EE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number				plied For t Applicable
Zip	Country	Zip	Count	lry	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
DELL STACK C				Name					
BELL, STACY C 4019 SHOREWOOD DR PENSACOLA, FL 32507				Street Address (P.O. Box Number is Not Acceptable)					
			,	-					: -
				City		<u>-</u>	FL	Zip Code	,
	named entity submits this statement lions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE .	· . ·								
O(Q) W((O)) L	Signature, typed or printed name of registered age	t and title d applicable (NOT)	E. Rogietara	d Agent signature require			DATE		
			C. riegistatot	a Agen signatore require	d when reinstating)		DATE		
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Fi Dı	ue by May 1, 2005 MANAGING MEME		10.	o Agens signature require	d when (einstaung)		e check pay Department	nt of State	
9	MANAGING MEME		10.		d when (einstaung)	Florida	e check pay Department		☐ Addition
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9. TITLE NAME	MANAGING MEME MGRM BELL, STACY C	ERS/MANAGERS	10. TITLE NAMI STRE	E	G wren reinstating)	Florida	e check pay Department	nt of State	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4-15-0S

850.492-6994 Daytime Phone #