2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) CRRB# 7001 036

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90064 022 ****55.00

DOCUMENT # L99000006872

1. Entity Name
TOTAL HOME IMPROVEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
2587 BOTTOMRIDGE RD DRIVE ORANGE PARK FL 32065	2587 BOTTOMRIDGE RD DRIVE ORANGE PARK FL 32065

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. DRIVE	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3603983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHILKE, WAYNE B
2587 BOTTOMRIDGE ROAD — DRIVE
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) DRIVE
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SCHILKE, WAYNE B		NAME		
STREET ADDRESS	2587 BOTTOMRIDGE RD — DRIVE		STREET ADDRESS	DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Wayne B Schilke 4/28/04 904 272-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #