

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000566

FILED
Mar 10, 2009
Secretary of State

Entity Name: AMERICAN RESIDENTIAL SERVICES L.L.C.

Current Principal Place of Business:

965 RIDGE LAKE BLVD. SUITE 201
MEMPHIS, TN 38120

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17963
MEMPHIS, TN 381870963

New Mailing Address:

965 RIDGE LAKE BLVD. SUITE 201
MEMPHIS, TN 38120

FEI Number: 36-4194801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: ARS ACQUISITION HOLD, INGS LLC
Address: 965 RIDGE LAKE BLVD STE 201
City-St-Zip: MEMPHIS, TN 38120

Title: MGR () Delete
Name: SLOTT, DAVID M
Address: 965 RIDGE LAKE RD STE 201
City-St-Zip: MEMPHIS, TN 38120

Title: MGR () Delete
Name: MCMAHON, JAMES T
Address: 965 RIDGE LAKE RD STE 201
City-St-Zip: MEMPHIS, TN 38120

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID M. SLOTT

MGR

03/10/2009

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