

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000008801

**Entity Name:** DONE RIGHT HOME SERVICES,LLC

**Current Principal Place of Business:**

608 NW WILKS LN.  
LAKE CITY, FL 32055

**Current Mailing Address:**

608 NW WILKS LN.  
LAKE CITY, FL 32055 US

**FEI Number:** 46-5489263

**Certificate of Status Desired:** No

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

WILKS, MIKE E  
608 NW WILKS LN.  
LAKE CITY, FL 32055 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 MGR  
Name WILKS, MIKE E  
Address 608 NW WILKS LN.  
City-State-Zip: LAKE CITY FL 32055

Title AP  
Name WILKS, JESSICA L  
Address 608 NW WILKS LN.  
City-State-Zip: LAKE CITY FL 32055

Title AP  
Name WILKS, MICHAEL E JR  
Address 608 NW WILKS LN.  
City-State-Zip: LAKE CITY FL 32055

Title AP  
Name DUMAS, JIMMY R  
Address 608 NW WILKS LN.  
City-State-Zip: LAKE CITY FL 32055

Title AP  
Name WILKS, JAKOB T  
Address 608 NW WILKS LN.  
City-State-Zip: LAKE CITY FL 32055

*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: MICHAEL WILKS**

**OWNER-MANAGER**

**04/15/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date