

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90116 043 ****50.00

DOCUMENT # L00000014235

1. Entity Name
A-ADVANCED HOME SERVICES, LLC



Principal Place of Business
4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233

Mailing Address
4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233

2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

04262005 Chg-LLC CR2E083 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-1058568

Applied For
Not Applicable

Zip
34236

Country
Sarasota

Zip
34230

Country
Sarasota

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ
3400 S. TAMIAMI TRAIL, STE. 202
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Thomas B. Luzier, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.
1990 Main Street, Suite 700
City
Sarasota FL Zip Code 34236

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 Thomas B. Luzier 4-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS IVAN, STEPHEN M
CITY-ST-ZIP 4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS IVIN, PATRICE
CITY-ST-ZIP 4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 26 2005 941-726-0386