2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 01, 2007 8:00 am Secretary of State DOCUMENT # L01000008025 -1. Entity Name 02-01-2007 90048 035 ****55 00 A & E MOBILE HOME REPAIR AND ALUMINUM, L.L.C. Principal Place of Business Mailing Address 1040 REED CANAL RD DAYTONA BEACH FL 32119-6574 1040 REED CANAL RD DAYTONA BEACH FL 32119-6574 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1046 REED CANAL RD 1046 REED CANAL RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE FLORISA 压. SE, DAYTONA Sc. Dayyona Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 10،2 تدنی 32119 VOLUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, TED E Street Address (P.O. Box Number is Not Acceptable) 1046 REED CANAL RD DAYTONA BEACH FL 32119-6574 City 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES uiu PΤ ☐ Delete 21111 X Change Addition EDWARD IN WOOD RO. NAME BELL, TED E NAME STREET ADDRESS 1046 REED CANAL RD STREET ADDRESS CHY-ST-7IP DAYTONA BEACH FL 32119 CHY-S1-ZIP So. DAYTONA, FL. 32119 Delete TITLE. ☐ Change ☐ Addition NAME WOOD, CAROLYN L NAME STREET ADDRESS 1046 REED CANAL RD STREET ADDRESS CITY - ST- ZIP CHY ST-ZIP DAYTONA BEACH FL 32119 ши ☐ Delete HILL Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-ZIP ☐ Delete mu ☐ Change Addition NAME. STREET ADDRESS STREET ADORESS CHY-SI-ZIP CHY-S1-7P HIII ☐ Delete HILE ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP DHE ☐ Delete HILL ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

FILED