

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90345 019 \*\*\*\*50.00

**DOCUMENT # L01000011982**

1. Entity Name  
CUSTOM HOME IMPROVEMENTS LC



Principal Place of Business  
1500 WILD ORANGE POINT  
OVIEDO, FL 32765

Mailing Address  
1500 WILD ORANGE POINT  
OVIEDO, FL 32765



01142004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3734442

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HENDERSHOT, LARRY E  
~~1454 ELM ST.~~ 1500 Wild Orange Point  
OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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

3-23-04

Filing Fee is \$50.00  
Due by May 1, 2004

## 9. MANAGING MEMBERS/MANAGERS

TITLE V  
NAME WDAGIEWICZ, ANDREW M  
STREET ADDRESS ~~1151 ELM STREET~~ 1500 Wild Orange Point  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-23-04 407-415-3956