2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 17, 2004 8:00 am
Secretary of State

02-20-2004 90123 035 ****50.00

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1. Entity Name
ETHICAL HOME REPAIR LLC

Principal Place of Business	Mailing Address
7100 ULMERTON ROAD #724 LARGO, FL 33771 US	N28 W6484 ALYCE ST. CEDARBURG, WI 53012 US

01282004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address 7100 Ulmerton Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 724	
City & State		City & State Largo FL	
Zip	Country	Zip 33771	Country

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, THEODORE F 7100 ULMERTON ROAD #724 LARGO, FL 33771	Name Street Address (P.O. Box Number is Not Acceptable) City

DEPARTMENT OF STATE FOR DEPOSIT ONLY FLORIDA # 100886796 FEB 20 2004

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 Theodore F. Roberts
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ MGRM Theodore F. Roberts 7100 Ulmerton Rd Lot 724 Largo FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Theodore F. Roberts 2/17/04 727.459.1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #