

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 035 ****50.00

DOCUMENT # L03000043341					
1. Entity Name EARL'S MOBILE HOME SERVICE LLC					
Principal Place of Business 10705 OLD PINE ACRES TRAIL TALLAHASSEE, FL 32305			Mailing Address 10705 OLD PINE ACRES TRAIL TALLAHASSEE, FL 32305		
2. Principal Place of Business 10705 Old Pine Acres Tr Suite, Apt. #, etc.		3. Mailing Address 10705 Old Pine Acres Tr Suite, Apt. #, etc.			
City & State Tallahassee, Fla Zip: 32305 Country: LEON		City & State Tallahassee Fla Zip: 32305 Country: LEON		07032006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 06-1722810				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCREWS, EARL L 10705 OLD PINE ACRES TRAIL TALLAHASSEE, FL 32305	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL 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: <u>Earl L. Screws</u> DATE: <u>8-2-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCREWS, EARL L 10705 OLD PINE ACRES TRAIL TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCREWS, RACHEL 10705 OLD PINE ACRES TRAIL TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u>Earl L. Screws</u>				Date: <u>Aug 2 2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>850-421-3255</u> <u>850-509-8826</u>	