

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000044315

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Entity Name:** AROUND THE HOUSE HOME REPAIR, LLC

**Current Principal Place of Business:**

844 CANDLE KNOLL LANE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

844 CANDLE KNOLL LANE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 04-3748047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FORDHAM, SCOTT B  
1241 S. MCDUFF AVE  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SCOTT B FORDHAM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** TINNEY, MICHAEL A  
**Address:** 844 CANDLE KNOLL LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGRM ( ) Delete  
**Name:** TINNEY, NEAL M  
**Address:** 844 CANDLE KNOLL LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** MICHAEL A TINNEY

MGRM

11/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date