


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90196 047 ****50.00

DOCUMENT # L03000045543	
1. Entity Name SALLETTE HOME REPAIR, LLC	

Principal Place of Business 2601 PERCY ROAD JACKSONVILLE FL 32218 US	Mailing Address 2601 PERCY ROAD JACKSONVILLE FL 32218 US
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2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fla.	City & State Jax Fla.
Zip 32218	Zip 32218
Country Dual	Country Dual



1st MOORE CR2E083 (10/04)

4. FEI Number 26-2258922		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 SALLETTE, MELODY 2601 PERCY ROAD JACKSONVILLE FL 32218		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2005	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALLETTE, SAMUEL D 2601 PERCY ROAD JACKSONVILLE FL 32218 <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	<input 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 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: Samuel D Sallette **1-25-05** **904 7644028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #