

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046986

1. Entity Name

RALPH'S HOME REPAIR, LLC



Principal Place of Business
**1927 SW 91 ST
GAINESVILLE FL 32607**

Mailing Address
**1927 SW 91 ST
GAINESVILLE FL 32607**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

86-1087612

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, RALPH
1927 SW 91 ST
GAINESVILLE FL 32607**

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when not stated)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PORTER, RALPH**
CITY- ST- ZIP **1927 SW 91 ST.
GAINESVILLE FL 32607**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **11000003766466
06/20/07-80002-0021 519400**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Ralph Porter* **Ralph Porter** **67807 3525382899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #