


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90041 001 ****50.00

DOCUMENT # L03000047431

1. Entity Name
KEN'S HOME REPAIR, LLC



Principal Place of Business
**22231 OVERLOOK DRIVE
PANAMA CITY BEACH FL 32413
US**

Mailing Address
**22231 OVERLOOK DRIVE
PANAMA CITY BEACH FL 32413
US**

34005554



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

32413 BAY

MOORE CR2E083 (11/03)
FEE # 47-0941386

4. FEI Number
S.S. # 494-32-1449

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

6. Name and Address of Current Registered Agent
**SUSAN BRAVO
610 WILLIAMS AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent
Name **DORIS M. KING**
Street Address (P.O. Box Number is Not Acceptable)
22231 OVERLOOK DRIVE
City **PANAMA CITY BEACH** FL Zip Code **32413**

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 **DORIS M. KING** **Doris M. King** **4-16-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, KENNETH L 22231 OVERLOOK DRIVE PANAMA CITY BEACH FL 32413 <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: **Kenneth L. King** **Kenneth L. King** **4-16-04** **850-235-6367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #