

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90148 024 \*\*\*\*55.00

**DOCUMENT # L03000047934**

1. Entity Name

CASALE'S HOME MAINTENANCE, LLC



Principal Place of Business

1135 MAGNOLIA AV  
DAYTONA BEACH FL 32114

Mailing Address

1135 MAGNOLIA AV  
DAYTONA BEACH FL 32114

2. Principal Place of Business

1135 Magnolia Ave  
Suite, Apt. #, etc.

3. Mailing Address

1135 Magnolia Ave  
Suite, Apt. #, etc.

City & State

Daytona Beach, FL  
Zip 32114 Country U.S.

City & State

Daytona Beach, FL  
Zip 32114 Country U.S.

4. Filing Number

56-2363183

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASALE, FRANK  
1135 MAGNOLIA AV  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASALE, FRANK	
STREET ADDRESS	1135 MAGNOLIA AV	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Frank Casale

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

Aug. 1, 04

Daytime Phone #

386-257-2514