

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048449

FILED
Apr 15, 2007
Secretary of State

Entity Name: ADVANCED HOME REPAIR, LLC

Current Principal Place of Business:

213 YACHT CLUB DR.
NICEVILLE, FL 32578

New Principal Place of Business:

823 COLDWATER CREEK CR.
NICEVILLE, FL 32578

Current Mailing Address:

213 YACHT CLUB DR.
NICEVILLE, FL 32578

New Mailing Address:

823 COLDWATER CREEK CR.
NICEVILLE, FL 32578

FEI Number: 59-3673161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, WILLIAM A
213 YACHT CLUB DR.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KOCH, WILLIAM A
823 COLDWATER CREEK CR.
NICEVILLE, FL 32578 US

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:

04/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOCH, WILLIAM A
Address: 213 YACHT CLUB DR.
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Delete
Name: SMITHERMAN, JAMES P JR.
Address: 707 LINDEN AVE.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOCH, WILLIAM A
Address: 823 COLDWATER CREEK CR.
City-St-Zip: NICEVILLE, FL 32578

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 Chapter 119, 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: WILLIAM A. KOCH

MGR

04/15/2007

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