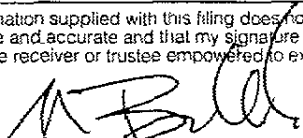


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049588 1. Entity Name CENTURY HOME SERVICE LLC					
Principal Place of Business 1318 CYPRESS BEND CIRCLE MELBOURNE FL 32934			Mailing Address 1318 CYPRESS BEND CIRCLE MELBOURNE FL 32934		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-0457021 Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BULLOCK, MICHAEL 1318 CYPRESS BEND CIRCLE MELBOURNE FL 32934				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BULLOCK, MICHAEL 1318 CYPRESS BEND CIRCLE MELBOURNE FL 32934	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Redacted]	☐ Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



2nd MOORE CR2E083 (4/07)

☐ Change ☐ Addition
 000000767886
 07/10/07-80023-015 55.00

Date Daytime Phone #