2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L03000051603

Entity Name: CRAIG CLINE HOME REPAIR, LLC

Current Principal Place of Business:

7780 S.W. 70TH AVENUE
OCALA, FL 34476

New Principal Place of Business:

70 ALMOND PASS DRIVE
OCALA, FL 34472

Current Mailing Address:

7780 S.W. 70TH AVENUE
OCALA, FL 34476

New Mailing Address:

70 ALMOND PASS DRIVE
OCALA, FL 34472

FEI Number: 20-0592132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMOTHY A. FISCHER, P.A.
18 N.W. 3RD AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRAIG, CLINE
Address: 7780 S.W. 70TH AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRAIG, CLINE
Address: 70 ALMOND PASS DRIVE
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG CLINE MGRM 04/02/2009

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