

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053871

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** JAMES CARR HOME REPAIRS, LLC

**Current Principal Place of Business:**

909 BALLARD ST  
APT S  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

909 BALLARD ST  
APT S  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 30-0236960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARR, JAMES  
909 BALLARD ST  
APT 5  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

CARR, JAMES B MR  
909 BALLARD ST  
APT S  
ALTAMONTE SPRINGS, FL 32701 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:** JAMES B CARR

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CARR, JAMES  
**Address:** 909 BALLARD ST APT 5  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** JAMES B CARR

OWNE

03/11/2009

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