

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 034 ****55.00

DOCUMENT # L03000054058

1. Entity Name
DAN D. HOME IMPROVEMENTS, LLC



Principal Place of Business
**1966 ANDREWS LOOP
LUTZ, FL 33558 US**

Mailing Address
**1966 ANDREWS LOOP
LUTZ, FL 33558 US**

2. Principal Place of Business
1966 Andrews loop
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



08222006 Chg-LLC CR2E083 (11/05)

City & State
Lutz, FL

City & State

4. FEI Number
20-0490493

Applied For
Not Applicable

Zip
33558 Country
PASCO

Zip Country

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DYER, DANIEL J
1966 ANDREWS LOOP
LUTZ, FL 33558**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DYER, DANIEL J
1966 ANDREWS LOOP
LUTZ, FL 33558** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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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: *Dan Dyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/25/06 (813) 948-8060