

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

05-03-2004 90137 032 ****50.00

DOCUMENT # L03000055541

1. Entity Name
HOME MAINTENANCE AND REPAIR LLC



Principal Place of Business
**454 EAST WILLIAMS
CRESTVIEW, FL 32536**

Mailing Address
**PO BOX 1752
CRESTVIEW, FL 32536**

34009302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number

34-2004578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRENTE, FRANK
454 EAST WILLIAMS
CRESTVIEW, FL 32536**

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 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CORRENTE, FRANK**
STREET ADDRESS **454 EAST WILLIAMS**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/9/04 850-902-1162

Date

Daytime Phone #

Attachment 34009302
Doc # 203000055541

FRANK C. CORRENTE
DL C653-263-60-162-0
PO BOX 1752
CRESTVIEW, FL 32539-3614

24063819 1899
4-30-04 DATE 63-7807/2631

PAY TO THE
ORDER OF

FL Dept of State

\$ 50.00

DOLLARS  Security Features Details on Back



EGLIN FEDERAL CREDIT UNION
838 EGLIN PARKWAY NE
FORT WALTON BEACH, FLORIDA 32547-3935

Share Checking

FOR

Annual Rpt

Frank Corrente

Corrected annual Rpt. Payment on file
Sunbiz.org per michael

10552160155 05/11/2004 0712 200
05112004
0630-0019-9
ENT=2022 TRC=2022 PK=11

BANK OF AMERICA, NA
063017047 E0565 50 P21
05/10/04

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000008709
2275
MAY 03 2004

24063819