

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055959

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: M & M HOME REPAIRS, LLC

**Current Principal Place of Business:**

6202 TIMMONS ROAD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1026  
MANGO, FL 33584

**New Mailing Address:**

P.O. BOX 1026  
MANGO, FL 33550

FEI Number: 20-0606878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GORDON, LYNN G  
6202 TIMMONS ROAD  
SEFFNER, FL 33584 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: GORDON, LYNN G  
Address: 6202 TIMMONS ROAD  
City-St-Zip: SEFFNER, FL 33584

**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 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 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: LYNN G GORDON

MGR

04/29/2004

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