

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90099 005 ****50.00

DOCUMENT # L03000056584
 1. Entity Name
BOB ROSENDE MINOR HOME REPAIRS L.L.C.



Principal Place of Business
438 5TH STREET NORTH WEST LARGO FL 33770

Mailing Address
438 5TH STREET NORTH WEST LARGO FL 33770

2. Principal Place of Business
~~438 5th St Home~~

3. Mailing Address
438 5th St. N.W.


Suite, Apt. #, etc.

City & State
Largo Fla.

City & State
Largo Fla.

Zip
33770

Country
USA



MOORE CR2E083 (11/03)

4. FEI Number
51-0492128

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENDE, BOB
438 5TH STREET NORTH
WEST LARGO FL 33770

7. Name and Address of New Registered Agent

Name **Rober Rosende**

Street Address (P.O. Box Number is Not Acceptable)
438 5th St. N.W.

City **Largo** FL Zip Code **33770**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ROSENDE, BOB	438 5TH STREET NORTH	WEST LARGO FL 33770	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Rober Rosende **7-18-04** **727-251-1159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #