2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L03000056670

Entity Name: TRACY PAPPAN'S TUB REPAIR, LLC

Current Principal Place of Business:

1017 MONROE AVE
ST CLOUD, FL 34769

New Principal Place of Business:

425 JACKS MEMORIAL RD.
ST CLOUD, FL 34769

Current Mailing Address:

1017 MONORE AVE
ST CLOUD, FL 34769

New Mailing Address:

425 JACKS MEMORIAL RD.
ST CLOUD, FL 34769

FEI Number: 20-0529973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 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/MANAGERS:

Title: MGRM ( ) Delete
Name: PAPPAN, TRACY
Address: 1017 MONROE AVE
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SULLIVAN, TRACY L
Address: 425 JACKS MEMORIAL RD.
City-St-Zip: ST CLOUD, FL 34769

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: TRACY L. SULLIVAN OWNE 07/03/2007

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