

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000004

FILED
May 01, 2009
Secretary of State

Entity Name: PAUL QUALLS HOME REPAIR LLC

Current Principal Place of Business:

6302 MATADOR ST
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

6302 MATADOR ST
MILTON, FL 32583

New Mailing Address:

FEI Number: 33-1059529 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:

Name and Address of New Registered Agent:

QUALLS, PAUL S
6302 MATADOR ST
MILTON, FL 32583 US

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: QUALLS, PAUL S
Address: 6309 MATADOR ST
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: MORRIS, TOMMY
Address: 6316 MATADOR STREET
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: KNOWLES, ANDREW C
Address: 6318 MATADOR STREET
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: MORRIS, MARIE R
Address: 6309 MATADOR STREET
City-St-Zip: MILTON, FL 32583

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DIX, MARK D
Address: 6302 MATADOR ST
City-St-Zip: MILTON, FL 32583

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: PAUL QUALLS

MGRM

05/01/2009

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