## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am Secretary of State DOCUMENT # L0400000010 1. Entity Name 02-25-2004 90285 010 \*\*\*\*50 00 D & L HOME REPAIR, LLC Principal Place of Business Mailing Address 1223 MIDWAY BOULEVARD DAYTONA BEACH FL 32114-5750 US 1223 MIDWAY BOULEVARD 24014442 DAYTONA BEACH FL 32114-5750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For <u>58-2678939</u> Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDLEY, LOUANN Street Address (P.O. Box Number is Not Acceptable) 1223 MIDWAY BOULEVARD DAYTONA BEACH FL 32114-5750 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGR TELLE Delete TITLE Change ☐ Addition LINDLEY, RICHARD H SR NAME NAME 1223 MIDWAY BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114-5750 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change [ ] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

**FILED**