

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003007

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: TOM JONES HOME REPAIRS, LLC

**Current Principal Place of Business:**

4651 NE OCEAN BLVD  
32  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

4651 NE OCEAN BLVD  
32  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 33-1046471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

BRECHBILL,, MARK  
215 S FEDERAL HWY,  
STE 100  
STUART, FL 34994 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: MARK BRECHBILL

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, THOMAS G  
Address: 2377 NE CENTER CIRCLE  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, THOMAS G  
Address: 4651 NE OCEAN BLVD #32  
City-St-Zip: JENSEN BEACH, FL 34957

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: THOMAS G JONES

MGR

02/03/2009

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