

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003007

**FILED**  
**Mar 30, 2010**  
**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:** 90-0526978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRECHBILL,, MARK  
215 S FEDERAL HWY,  
STE 100  
STUART, FL 34994 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: MGR  
Name: JONES, THOMAS G  
Address: 4651 NE OCEAN BLVD #32  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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

03/30/2010

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