

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003007

**FILED**  
**Mar 17, 2012**  
**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:**

BRECHBILL,, MARK CPA  
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, CPA

03/17/2012

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

03/17/2012

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