2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # L04000003239 02-10-2006 90167 009 ****55.00 1. Entity Name DON'S HOME REPAIR, LLC Principal Place of Business Mailing Address 8061 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303 8061 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business 878 CONRAD HILLS 87.B CONPAD HIUS RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 41-5962022 HAVANA HAVANA, Not Applicable Country Country \$5.00 Additional 32333 5. Certificate of Status Desired GADSEN GADSEN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTO, DONALD CASTO, DONALD R Street Address (P.O. Box Number is Not Acceptable) 8061 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303 ANANA 8. The above named en 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. tered agent and the it applicable Signature, typed or printed name SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NÓW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Que By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 4 10. ADDITIONS/CHANGES Change ☐ Addition TITLE MGRM ☐ Delete MGRM NAME CASTO, DONALD R NAME CASTO DONALD R 87.8 CONCAD HILLS STREET ADDRESS STREET ADDRESS 8061 OLD BAINBRIDGE ROAD CITY-ST-7IP NAVANA, FL. 32333 CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Jan 29, 2004 445-9464