2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# L04000003672

Entity Name: RICHIES HOME REPAIR SERVICE, LLC

Current Principal Place of Business:

18975 THREE RIVERS RD.
SEMINOLE, AL 36574

New Principal Place of Business:

Current Mailing Address:

18975 THREE RIVERS RD
SEMINOLE, AL 36574

New Mailing Address:

FEI Number: 65-1214969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUTMAN, RICHARD
2411 JEWEL LEE LN
PENSACOLA, FL 32526 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: MGRM ( ) Delete
Name: PUTMAN, RICHARD
Address: 18975 THREE RIVERS RD
City-St-Zip: SEMINOLE, AL 36574

Title: MGRM ( ) Delete
Name: WELLS, GENE
Address: 6632 HELMS RD.
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MUCCI, DAVE
Address: 4840 MINNETONKA ST.
City-St-Zip: PENSACOLA, FL 32526

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: RICHARD PUTMAN MGRM 05/08/2008

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