

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90101 043 ****55.00

DOCUMENT # L04000004295 1. Entity Name KEN'S HOME IMPROVEMENT, LLC					
Principal Place of Business 11 ELOISE CIRCLE ORMOND BEACH, FL 32176			Mailing Address P.O. BOX 4003 ORMOND BEACH, FL 32175		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 036302500	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, KENNETH 11 ELOISE CIRCLE ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
☐ ☐ ☐ ☐	MGRM ANDREWS, KENNETH 11 ELOISE CIRCLE ORMOND BEACH, FL 32176	☐ ☐	☐ ☐ ☐ ☐		
☐ ☐ ☐ ☐	MGR ANDREWS, EILEEN 11 ELOISE CIRCLE ORMOND BEACH, FL 32176	☐ ☐	☐ ☐ ☐ ☐		
☐ ☐ ☐ ☐	MGR ANDREWS, MELISSA 11 ELOISE CIRCLE ORMOND BEACH, FL 32176	☐ ☐	☐ ☐ ☐ ☐		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u>Kenneth A Andrews</u>				1-30-05 386-441-4084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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