


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 JUL -9 AM 10:43

|   |  |   |
|---|--|---|
| DOCUMENT # L04000007550                   |  |  |
| 1. Entity Name<br>A TO Z MAINTENANCE, LLC |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>2211 KENTUCKY AVE.<br>LANARK VILLAGE, FL 32323 | Mailing Address<br>P.O. BOX 1414<br>LANARK VILLAGE, FL 32323 |
|---|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



07092007 Chg-LLC CR2E083 (12/06)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>77-0621830                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$5.00 Additional Fee Required                         |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                    |  | 7. Name and Address of New Registered Agent        |          |
| SMITH, TIMOTHY D<br>2211 KENTUCKY AVE.<br>LANARK VILLAGE, FL 32323 |  | 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 September 14, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SMITH, TIMOTHY<br>P.O. BOX 1414<br>LANARK VILLAGE, FL 32323 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 800105734288 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>07/09/07--01012--007 **50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Timothy Smith 7-09-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #