2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000007703

1. Entity Name

VEACH REMODELING, LLC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business 3017 NE 10TH DR GAINESVILLE, FL 32609 Mailing Address 3017 NE 10TH DR GAINESVILLE, FL 32609



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			
NOT APPLICABLE			

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VEACH, KEVIN

NOT WOITE

3017 NE 10TH DR GAINESVILLE, FL 32609		IN THIS SPACE		
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 famillar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE, Registered Agent signature required when reinstaling)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM VEACH, KEVIN 3017 NE 10TH DR GAINESVILLE, FL 32609		U00000617008 02/07/07-80058-001 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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				

1/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #