

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

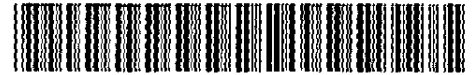
DOCUMENT # L04000009008

1. Entity Name
PHIL STEBBINS RESIDENTIAL REPAIRS & REMODELING, LLC



Principal Place of Business
**3317 - 204TH TERRACE
WELLBORN FL 32094**

Mailing Address
**3317 - 204TH TERRACE
WELLBORN FL 32094**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State
Zip Country

4. FEI Number **04-3783969**
☐ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**PERRY, MILLCENT D
3317 - 204TH TERRACE
WELLBORN FL 32094**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
MGR	STEBBINS, PHILIP E	3317 - 204TH TERRACE	WELLBORN FL 32094	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Add
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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02/17/06-80028-009 50.00

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.

SIGNATURE: *Phil Stebbins* **2-2-06 386** **963-4981**