

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000009538**

1. Entity Name  
**HAYES REMODELING & REPAIR LLC**



Principal Place of Business  
**4765 ATTAPULGUS HWY  
QUINCY, FL 32352 US**

Mailing Address  
**4765 ATTAPULGUS HWY  
QUINCY, FL 32352 US**



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0720104**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HAYES, PATRICIA  
4765 ATTAPUGUS WHY  
QUINCY, FL 32352**

**DO NOT WRITE  
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 familiar with, and accept the obligations of registered agent.

SIGNATURE

*Patricia A. Hayes*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

*1/25/08*

**FILE NOW!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HAYES, JOHN W  
4765 ATTAPULGUS HWY  
QUINCY, FL 32352**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HAYES, PATRICIA  
4765 ATTAPULGUS HWY  
QUINCY, FL 32352**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000819908  
02/18/08-80007-004 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Patricia A. Hayes*

*1/25/08*