

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000012590

1. Entity Name

WALTON HOME REPAIR SERVICE, LLC

APR 28, 2008 08:00 A

Secretary of State

Principal Place of Business

6197 SUNBURST DR  
CRESTVIEW FL 32539  
US

Mailing Address

6197 SUNBURST DR  
CRESTVIEW FL 32539  
US

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

4. FEI Number

86-1096539

Applied For

No: Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/07)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNDSFORD, JAMES S  
6197 SUNBURST DR  
CRESTVIEW FL 32539

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 fee (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MGRM

NAME

LUNDSFORD, JAMES S

STREET ADDRESS

6197 SUNBURST

CITY-ST-ZIP

CRESTVIEW FL 32539

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

U00000924761

05/19/08-80014-011 138.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

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: James Steven Lunsford

JAMES STEVEN LUNSFORD

4-25-08

850-689-3202