

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90047 013 ****50.00

DOCUMENT # L04000017920

1. Entity Name

THE DOCTOR OF HOME REPAIRS LLC



Principal Place of Business

605 OSPREY LAKES CIRCLE
CHULUOTA, FL 32766

Mailing Address

605 OSPREY LAKES CIRCLE
CHULUOTA, FL 32766

20016338



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

35-2227484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, WILLIAM A III
605 OSPREY LAKES CIRCLE
CHULUOTA, FL 32766

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BURNS, STARLENE C
STREET ADDRESS 605 OSPREY LAKES CIRCLE
CITY-ST-ZIP CHULUOTA, FL 32766

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

TITLE MGR ☐ Delete
NAME BURNS, WILLIAM A III
STREET ADDRESS 605 OSPREY LAKES CIRCLE
CITY-ST-ZIP CHULUOTA, FL 32766

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

TITLE ☐ Delete
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #