

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90115 034 \*\*\*\*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**

40121761



01252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2227484**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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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:

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

Date

Daytime Phone #



ATTACHMENT  
40121761

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2007

THE DOCTOR OF HOME REPAIRS LLC  
605 OSPREY LAKES CIRCLE  
CHULUOTA, FL 32766

Subject: THE DOCTOR OF HOME REPAIRS LLC

Reference Number: L04000017920

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION

*Sorry Its Late  
I sent it to my  
TAX (CPA) AND I NEVER  
got a response back.*

P.O. BOX 6478 - Tallahassee, Florida 32314