

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

03-02-2005 90044 001 *****50.00
03-02-2005 90044 002 *****5.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000018129					
1. Entity Name HOME REPAIR & IMPROVEMENTS BY BILL WHITEMAN, LLC					
Principal Place of Business 7704 KINARD ROAD PLANT CITY FL 33565			Mailing Address 7704 KINARD ROAD PLANT CITY FL 33565		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0828495	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WHITEMAN, WILLIAM L 7704 KINARD ROAD PLANT CITY FL 33565			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				DATE 2/24/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WHITEMAN, WILLIAM L		NAME		
STREET ADDRESS	7704 KINARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:				DATE 2/20/05 352-266-0502	
Signature and typed or printed name of signor, managing member, manager, or authorized representative				Date Daytime Phone #	