2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L04000019149

Entity Name: STEWART'S REMODELING, LLC

Current Principal Place of Business:

9452 NASTRAN CIR
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

9452 NASTRAND CIR
PORT CHARLOTTE, FL 33981

Current Mailing Address:

9452 NASTRAN CIR
PORT CHARLOTTE, FL 33981

New Mailing Address:

9452 NASTRAND CIR
PORT CHARLOTTE, FL 33981

FEI Number: 56-2236518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, ALFRED J
9452 NASTRAND CIRCLE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEWART, ALFRED J
Address: 9452 NASTRAND CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM ( ) Delete
Name: STEWART, KETHLEEN M
Address: 9452 NASTRAND CIRCLR
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: STEWART, ALFRED J
Address: 9452 NASTRAND CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM (X) Change ( ) Addition
Name: STEWART, KATHLEEN M
Address: 9452 NASTRAND CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN M STEWART MGRM 01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date