


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L04000020090 1. Entity Name SKINNER'S HOME REPAIR, LLC	
---	---

Principal Place of Business 3073 QUENTIN LANE CHIPLEY, FL 32428	Mailing Address 3073 QUENTIN LANE CHIPLEY, FL 32428
---	---

DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 32-0111508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SKINNER, BRIAN S 3073 QUENTIN LANE CHIPLEY, FL 32428
--

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIAN S. SKINNER, 3073 QUENTIN LANE CHIPLEY, FL 32428
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000849441
03/21/08-80020-021 138.75

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:  **Brian Skinner** **850-774-5448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #