
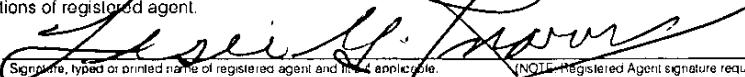


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90108 018 \*\*\*\*\*55.00

<b>DOCUMENT # L04000022358</b>		
1. Entity Name <b>MAJOR MAINTENANCE &amp; ASS L.L.C.</b>		
Principal Place of Business <b>150 THIRD ST. S.W. WINTER HAVEN FL 33880</b>		Mailing Address <b>150 THIRD ST. S.W. WINTER HAVEN FL 33880</b>
2. Principal Place of Business - No P.O. Box # <b>150 THIRD ST SW</b>	3. Mailing Address <b>150 THIRD ST SW</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>WINTER HAVEN FL</b>	City & State <b>WINTER HAVEN FL</b>	
Zip <b>33880</b>	Country <b>FLORIDA</b>	Zip <b>33880</b>
Country <b>FLORIDA</b>		
6. Name and Address of Current Registered Agent  <b>KNORR, LESLIE G 150 THIRD ST. S.W. WINTER HAVEN FL 33880</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		

1st MOORE CR2E083 (10/06)

4. FEI Number **17-7241128** Applied For  
Not Applicable

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KNORR, LESLIE G 150 THIRD ST. S.W. WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/12/07** Daytime Phone #