2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000032254

1. Entity Name

TOTAL HOME IMPROVEMENTS OF CENTERAL FLORIDA, LLC



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

6919 THOUSAND OAKS ROAD ORLANDO. FL 32818

Mailing Address

6919 THOUSAND OAKS ROAD ORLANDO, FL 32818



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

6. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASHBURN, ERIC S ESQ 102 EAST MAPLE STREET WINTER GARDEN, FL 34787

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8,	. The above named entity submits this statement for the purpose of changing its registe	red office or registered agent, or both,	In the State of Florida.	I am familiar with, and acc	ept
	the obligations of registered agent.		HONDONAQ:	9979	- •

04/23/08-80082-013 138.75

SIGNATURE.

Signature, typed or printed herne of registered agont and life if applicable.

(NOTE: Registered Agent algosture required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Foe will be \$538.78

Ψ,	MANAGING MEMBEHS/MANAGERS
TITLE NAME STREET ADDR CITY-ST-ZIP	
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11. I here	by certify that the information supplied with this filling does not qualify for the side on this report is true and appurate and that my signature shall have the series

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11. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PRINTED NAME OF BIOHIDO MANAGINO MEMBER, OR AUTHORIZED REPRESENTATIV

4/7/08

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