


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90030 010 ****50.00

DOCUMENT # L04000034100					
1. Entity Name KENNETH WILLIAMS REMODLE & REPAIR LLC					
Principal Place of Business 4300 N. MERIDIAN RD. TALLAHASSEE, FL 32309			Mailing Address 3477 TORCHMARK LANE TALLAHASSEE, FL 32309		
2. Principal Place of Business 1205 Lerwood Hollow		3. Mailing Address E Sam			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State		4. FEI Number 00-1783914	
Zip 32309		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, KENNETH R 4300 N. MERIDIAN RD. TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1205 Lerwood Hollow City Tallahassee FL Zip Code 32309		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, KENNETH R 4300 N. MERIDIAN RD. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1205 Lerwood Hollow Tallahassee FL, 32309	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input checked="" 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	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: _____			4/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		