

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035744	
1. Entity Name MAINLY HOME SERVICES, LLC	

Principal Place of Business 17297 CASTILE ROAD FT. MYERS, FL 33912 US	Mailing Address 17297 CASTILE ROAD FT. MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



08122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1473104	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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] DATE: _____

(NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESALLE, STEVE 17297 CASTILE ROAD FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORCORAN, DENNIS 4701 MAIKAI LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/05/06-20001-010-50.00

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: [Signature] 8/30/06 239.462.1855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT L04000035744
RECEIVED
SEP 05 2006
SECRETARY OF STATE