


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90043 032 ****50.00

DOCUMENT # L04000036003 1. Entity Name TIM'S RESIDENTIAL RE-PAIR, LLC					
Principal Place of Business 20 NE 14 AVE #16 POMPANO BEACH FL 33060			Mailing Address 20 NE 14 AVE #16 POMPANO BEACH FL 33060		
2. Principal Place of Business POMPANO Suite, Apt. #, etc. APT. 6		3. Mailing Address 2250 S.E. 5 St. Suite, Apt. #, etc. APT. 6			
City & State POMPANO, FL.		City & State POMPANO FL.		4. FEI Number 010760927	
Zip 33062		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEITER, TIMOTHY L 20 NE 14 AVE #16 2250 SE. 5 St POMPANO BEACH FL 33060 33062			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Timothy L. Beiter</i></u> _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEITER, TIMOTHY L 20 NE 14 AVE #16 POMPANO BEACH FL 33060		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEITER, TIMOTHY L 2250 S.E. 5 St. APT 6 POMPANO, FL. 33062		<input type="checkbox"/> Delete		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Timothy L. Beiter</i></u> _____ 4/18/05 954-562-9981 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/04)

4. FEI Number **010760927** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL
Zip Code

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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SIGNATURE: *Timothy L. Beiter* _____ 4/18/05 954-562-9981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE