

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 003 ****50.00

DOCUMENT # L04000036003

1. Entity Name

TIM'S RESIDENTIAL RE-PAIR, LLC



Principal Place of Business

2250 SE 5TH ST, APT 6
POMPANO BEACH FL 33062

Mailing Address

2250 SE 5TH ST, APT 6
POMPANO BEACH FL 33062

DEPARTMENT OF STATE

FOR DEPOSIT ONLY

ACCT # 1009088796



2. Principal Place of Business

POMPANO

3. Mailing Address

260 S.E. 9th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

POMPANO FL

City & State

POMPANO FL

4. FEI Number

01-0760927

Applied For

Not Applicable

Zip

33060

Country

FLORIDA

Zip

33060

Country

FLORIDA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEITER, TIMOTHY L
2250 SE 5TH ST, APT 6
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BETTER, TIMOTHY L	
STREET ADDRESS	2255 SE 5TH STREET, APT 6	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Timothy L. Better

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

Date

Daytime Phone #