

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90080 003 ****50.00

DOCUMENT # L04000036003

1. Entity Name

TIM'S RESIDENTIAL RE-PAIR, LLC



Principal Place of Business

Mailing Address

2250 SE 5TH ST, APT 6
POMPANO BEACH FL 33060

260 SE 9 CT
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12 N.E. 14 Ave # 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

City & State

City & State

POMPANO, FL.

Zip

Country

Zip

Country

33060

BRIDGARD

1st MOORE

CR2E083 (10/06)

4. FEI Number

01-0760927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BETTER, TIMOTHY L
2255 SE 5TH STREET, APT 6
POMPANO BEACH FL 33062 ☐ Delete

TITLE
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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

4-2-07

352 949-2700

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

Date

Daytime Phone #