


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 05, 2005 8:00 am
Secretary of State

01-05-2005 90002 009 ****50.00

DOCUMENT # L04000039932

1. Entity Name
TIM KELLY HOME REPAIR LLC



Principal Place of Business
**24261 SW SOUTH LAKES CT
DUNNELLON, FL 34431-3715**

Mailing Address
**24261 SW SOUTH LAKES CT
DUNNELLON, FL 34431-3715**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number **N/A** Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**KELLY, TIMOTHY J
24261 SW SOUTH LAKES CT
DUNNELLON, FL 34431-3715**

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.

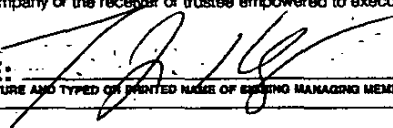
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, TIMOTHY J 24261 SW SOUTH LAKES CT DUNNELLON, FL 344313715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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
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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:  **1/3/05** **(352) 804-1403**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #