

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000039954

1. Entity Name  
RELIABLE PROPERTY MAINTENANCE "LLC"



Principal Place of Business  
14 LESLIE ANNE STREET  
CRAWFORDVILLE, FL 32327

Mailing Address  
14 LESLIE ANNE STREET  
CRAWFORDVILLE, FL 32327

**FILED**  
06 APR 17 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FEWELL, RICHARD E  
14 LESLIE ANNE STREET  
CRAWFORDVILLE, FL 32327

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FEWELL, RICHARD E  
14 LESLIE ANNE STREET  
CRAWFORDVILLE, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*up 4/17*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000072190090  
04/27/06--01008--016 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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

*4/10/06*

Date

*545-8314*

Daytime Phone #