


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044570

1. Entity Name
SERGIO'S HOME MAINTENANCE AND REPAIR LLC



Principal Place of Business 6605 N.W. 33RD STREET GAINESVILLE FL 32653	Mailing Address 6605 N.W. 33RD STREET GAINESVILLE FL 32653
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **68-0587778** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, SERGIO
6605 N.W. 33RD STREET
GAINESVILLE FL 32653**

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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR <input type="checkbox"/> Delete	NAME LOPEZ, SERGIO
STREET ADDRESS 6605 NW 33 STREET	CITY-ST-ZIP GAINESVILLE FL 32653
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Delete
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TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS / CHANGES	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

U00000534616
05/08/06-80018-018 55.00

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: Sergio Lopez **SERGIO LOPEZ** APR 25, 06 352 335 4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #