2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000049697

1. Entity Name
SIGLER'S HOME MAINTENANCE, LLC

FILED
May 05, 2006 08:00 A
Secretary of State

Principal Place of Business	Mailing Address
1632 KEVINS COURT GULF BREEZE, FL 32563	1632 KEVINS COURT GULF BREEZE, FL 32563

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04082006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
30-5509090	Not Applicable

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

6. Name and Address of Current Registered Agent

SIGLER, GARY W
1632 KEVINS COURT
GULF BREEZE, FL 32563

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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

000000562438
05/19/06-80056-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SIGLER, GARY W
STREET ADDRESS	1632 KEVINS COURT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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   Date   Daytime Phone #