


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000049697</b> 1. Entity Name SIGLER'S HOME MAINTENANCE, LLC	
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Principal Place of Business 1632 KEVINS COURT GULF BREEZE, FL 32563	Mailing Address 1632 KEVINS COURT GULF BREEZE, FL 32563
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**DO NOT WRITE IN THIS SPACE**



08112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-5509090	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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

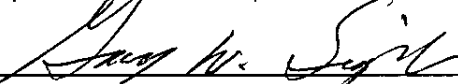
**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGLER, GARY W 1632 KEVINS COURT GULF BREEZE, FL 32563
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UD00000772300  
08/17/07-80007-021 50.00

**DO NOT WRITE  
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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:**  **8-11-07** **850-232-0470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #