

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000049697**

1. Entity Name  
**SIGLER'S HOME MAINTENANCE, LLC**



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

Mailing Address  
**1632 KEVINS COURT  
 GULF BREEZE, FL 32563**

**DO NOT WRITE IN THIS SPACE**



04212008No Chg-LLC CR2E083 (12/07)

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

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

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

UD00000918436  
 05/13/08-80079-018 138.75

**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:** *Gary W. Sigler* **GARY W. Sigler** **4-21-08** **850-232-0470**

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