2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050117

1. Entity Name
MCKENNA'S RESIDENTIAL MAINTENANCE & REMODELING, LLC

Principal Place of Business	Mailing Address
3603 NORTH JEFFERSON MONTICELLO, FL 32344	3603 NORTH JEFFERSON MONTICELLO, FL 32344

01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0763349
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENNA, ALLENE
3603 NORTH JEFFERSON
MONTICELLO, FL 32344

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2006

U00000384865
01/17/06-80032-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCKENNA, ALLENE
STREET ADDRESS	3603 NORTH JEFFERSON
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGRM
NAME	MCKENNA, LAURENCE F
STREET ADDRESS	3603 NORTH JEFFERSON
CITY-ST-ZIP	MONTICELLO, FL 32344
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	

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: Allene McKenna Allene McKenna 11 Jan 06 850-997-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #