

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059003

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** RENOVATION SPECIALISTS LLC

**Current Principal Place of Business:**

1540 ROSSANNE PLACE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1540 ROSSANNE PLACE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

P.O. BOX 1557  
ENGLEWOOD, FL 34295

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARSTAD, ROBERT M  
1540 ROSSANNE PLACE  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARSTAD, ROBERT M  
Address: 1540 ROSSANNE PLACE  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M HARSTAD

MGR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date