

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90011 024 \*\*\*\*55.00

**DOCUMENT # L04000059688**

1. Entity Name

**SATTERFIELD HOME REPAIR, LLC**



Principal Place of Business

**1037 OLD SOUTH DR.  
LAKELAND FL 33811**

Mailing Address

**1037 OLD SOUTH DR.  
LAKELAND FL 33811**



2. Principal Place of Business

**1039 Old South Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**1039 Old South Dr.**

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**Lakeland FL**

City & State

**Lakeland FL**

4. FEI Number

**20-1499870**

Applied For

Not Applicable

Zip

**33811**

Country

**USA**

Zip

**33811**

Country

**USA**

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SATTERFIELD, RICHARD  
1037 OLD SOUTH DR.  
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

**Richard Satterfield**

Street Address (P.O. Box Number is Not Acceptable)

**1039 Old South Dr.**

City

**Lakeland**

FL

Zip Code

**33811**

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

*Richard Satterfield*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/06**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SATTERFIELD, RICHARD	
STREET ADDRESS	1037 OLD SOUTH DR.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	morm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Satterfield	
STREET ADDRESS	1039 Old South Dr.	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Richard Satterfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/29/06**

Date

Daytime Phone #