

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 007 ****50.00

DOCUMENT # L04000061484

1. Entity Name

HOUSECALLS LLC



Principal Place of Business

11209 RIVERS BLUFF CIRCLE
BRADENTON FL 34202

Mailing Address

11209 RIVERS BLUFF CIRCLE
BRADENTON FL 34202

2. Principal Place of Business

11209 Rivers Bluff Circle

3. Mailing Address

11209 RIVERS BLUFF CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton Florida

City & State

BRADENTON FLORIDA

Zip

34202

Country

UNITED STATES

Zip

34202

Country

MANATEE

4. FEI Number

20 1491823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANATTER, JOYCE A
11209 RIVERS BLUFF CIRCLE
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VANATTER, JOYCE A
STREET ADDRESS 11209 RIVERS BLUFF CIRCLE
CITY-ST-ZIP BRADENTON FL 34202

TITLE MGR ☐ Delete
NAME VANATTER, JAMES R
STREET ADDRESS 11209 RIVERS BLUFF CIRCLE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 James R Vanatter James R Vanatter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/2005

941-756-3787

Date

Daytime Phone #