2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 17, 2005 8:00 am
Secretary of State

07-21-2005 90010 031 ****50.00

DOCUMENT # L04000069801

1. Entity Name
THOMAS AND TRACY ACCARIO QUALITY HOME REPAIR, LLC

Principal Place of Business	Mailing Address
686 CARNIVAL TERRACE SEBASTIAN, FL 32958	686 CARNIVAL TERRACE SEBASTIAN, FL 32958

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2489141 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACCARIO, THOMAS 686 CARNIVAL TERRACE SEBASTIAN, FL 32958	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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member · manager Thomas Accario 686 Carnival Terrace Sebastian FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER / President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member · ASSISTANT MANAGER Tracy Accario 686 Carnival Terrace Sebastian FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT MANAGER / Vice President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 7/1/05 772-633-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #