

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069801

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** THOMAS AND TRACY ACCARIO QUALITY HOME REPAIR, LLC

**Current Principal Place of Business:**

686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 56-2489141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCARIO, THOMAS  
686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958 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: MGRP ( ) Delete  
Name: ACCARIO, THOMAS  
Address: 686 CARNIVAL TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM ( ) Delete  
Name: ACCARIO, TRACY  
Address: 680 CARNIVAL TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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:** THOMAS ACCARIO

OWNE

03/22/2007

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