


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90013 020 \*\*\*\*50.00

<b>DOCUMENT # L04000078783</b> 1. Entity Name <b>R&amp;W HOME IMPROVEMENTS, L.L.C.</b>					
Principal Place of Business <b>P.O. BOX 570 65 LOUISE WALDING CT. MIDLAND CITY, AL 36350</b>			Mailing Address <b>P.O. BOX 1046 MIDLAND CITY, AL 36350</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>201145957</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NEWSOME, PAT 2002 CLAY AVE. PANAMA CITY, FL 32405</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Newsome Pat</b> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, JAMIE D 65 LOUISE WALDING CT. MIDLAND CITY, AL 36350	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDEN, MARK A 66 LOUISE WALDING CT MIDLAND CITY, AL 36350	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Mark A. Walden</u> <b>6-5-05</b> <b>334-984-2254</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



20001000

05232005 Chg-LLC CR2E083 (10/03)

Federal Tax ID

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

6-5-05 8:00 addition only!

FL Zip Code

6-5-05 8:00 addition only!

Make check payable to Florida Department of State

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