2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 30, 2008 8:00 am
Secretary of State
06-30-2008 90078 019 ***138.75

DOCUMENT # L04000081570

1. Entity Name
WAYNES HOME MAINTENANCE LLC

Principal Place of Business
2400 S OCEAN DRIVE
APT 4163
FT PIERCE FL 34949

Mailing Address
2400 S OCEAN DRIVE
APT 4163
FT PIERCE FL 34949

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2400 S. Ocean Dr		Same	
Suite, Apt. #, etc. Apt 4163		Suite, Apt. #, etc.	
City & State Ft. Pierce Fla		City & State	
Zip 34949	Country St Lucie	Zip 34949	Country

4. FEI Number 20-1871074 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

THEURICH, WAYNE
2400 S OCEAN DRIVE
APT. 4163
FT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name Same
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 Wayne Theurich DATE 6/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THEURICH, WAYNE 2400 S OCEAN DRIVE APT. 4163 FT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Wayne Theurich 4-25-08 772-828-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #