

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088635

FILED
Jul 08, 2005
Secretary of State

Entity Name: WELL-DONE REPAIRS LLC

Current Principal Place of Business:

5633 OLD MIDDLEBURG
JACKSONVILLE, FL 32222 US

New Principal Place of Business:

Current Mailing Address:

5633 OLD MIDDLEBURG
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 06-1577699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALAZAR, NEIL PRESIDE
5633 OLD MIDDLEBURG
JACKSONVILLE FL 32222, FL US US

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: MGR () Delete
Name: SALAZAR LOUISA, VICE-PRESIDENT
Address: 5633 OLD MIDDLEBURG RD
City-St-Zip: JACKSONVILLE, FL 32222

Title: MGR () Delete
Name: NEIL SALAZAR, PRESIDENT
Address: 5633 OLD MIDDLEBURG
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SALAZAR, NEIL, PRESIDENT
Address: 5633 OLD MIDDLEBURG
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUISA SALAZAR

PRES

07/08/2005

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