

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092282

FILED
Jan 21, 2009
Secretary of State

Entity Name: RICK SHARKEYS HOME IMPROVEMENTS LLC

Current Principal Place of Business:

1417 SE 20TH AVE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1417 SE 20TH AVE
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 25-1905286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARKEY, RICK A OWNER
1417 SE 20TH AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1380938
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: SHARKEY, RICK A OWNER
Address: 1417 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SHARKEY, RICK A
Address: 1417 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S () Change (X) Addition
Name: SHEPHERD, BRANDON
Address: 245 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA CLARK FOR RICK A SHARKEY

P

01/21/2009

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