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Sep 05, 2006 8:00 am
Secretary of State
08-16-2006 90078 003 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000006530

1. Entity Name
RABBITT REMODELING & REPAIR, L.L.C.

Principal Place of Business	Mailing Address
1720 CANTERBURY STREET TALLAHASSEE FL 32308	1720 CANTERBURY STREET TALLAHASSEE FL 32308

30013131

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
1720 CANTERBURY STREET	1720 CANTERBURY ST
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: TALLAHASSEE	City & State: FL.
Zip: 32308 Country: LEON	Zip: 32308 Country: LEON

4. FEI Number: 20-2204594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS DRIVE, SUITE 108
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name [illegible]
Street Address (P.O. Box Number is Not Acceptable) [illegible]
City [illegible] FL Zip Code [illegible]

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARE, JAMES W 1720 CANTERBURY STREET TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #