

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007047

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** DONNIE OWENS MOBILE HOME REPAIR & SVC LLC

**Current Principal Place of Business:**

3339 CARDINAL PL  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

3339 CARDINAL PL  
CHIPLEY, FL 32428

**New Mailing Address:**

FEI Number: 59-3199167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OWENS, DONNIE  
3339 CARDINAL PL  
CHIPLEY, FL 32428 US

**Name and Address of New Registered Agent:**

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: MGRM  
Name: OWENS, DONNIE  
Address: 3339 CARDINAL PL  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM  
Name: OWENS, JEAN A  
Address: 3339 CARDINAL PL  
City-St-Zip: CHIPLEY, FL 32428

I hereby 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: JEAN OWENS

MGRM

04/06/2010

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