## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000007828

City-St-Zip: NAPLES, FL 34108

Entity Name: COMPLETE REPAIR AND REMODELING, LLC

FILED Apr 27, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Pla	New Principal Place of Business:	
9000 GULF NAPLES, F	SHORE DR FL 34108 US			
Current M	ailing Address:	New Mailing Add	New Mailing Address:	
9000 GULI NAPLES, I	F SHORE DR FL 34108 US			
FEI Number:	FEI Number Applied	For ( ) FEI Number Not Applicable (X	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Agent: Name and Addres	Name and Address of New Registered Agent:	
VESCI, RC 9000 GULF NAPLES, F	F SHORE DR			
	named entity submits this statemer e of Florida.	nt for the purpose of changing its regist	tered office or registered agent, or both	
SIGNATUR	RE:			
Electronic Signature of Registered Age		stered Agent	ent Date	
MANAGING I	MEMBERS/MANAGERS:	ADDITIONS/CHANGE	S:	
Title: Name: Address: City-St-Zip:	P ( ) Delete VESCI, MARI P 332 CONNERS AVE NAPLES, FL 34108 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete VESCI, MICHAEL A 654 111TH AVE N NAPLES, FL 34108 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () Delete VESCI, ROBERT J T 656 111TH AVE N	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARI VESCI P 04/27/2009