

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000008144

1. Entity Name
BOLES HOME REPAIR LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -9 PM 3:51

Principal Place of Business
24390 LAMIER ST.
TALLAHASSEE, FL 32310

Mailing Address
24390 LAMIER ST.
TALLAHASSEE, FL 32310

2. Principal Place of Business

24390 LAMIER ST

3. Mailing Address

24390 LAMIER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALL. FL.

City & State

TALL. FL.

Zip

Country

Zip

Country

32310

Leon

32310

Leon

08092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLES, MARK
24390 LAMIER ST.
TALLAHASSEE, FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOLES, MARK
24390 LAMIER ST.
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500078619875
08/11/06--01011--001 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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: Mark Boles Mark Boles 08/09/06 850-546-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #