

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016400

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** JOHN HIGGINS HOME REPAIR L.L.C.

**Current Principal Place of Business:**

1888 W. KINGSFIELD RD.  
CANTONMENT, FL 32533

**New Principal Place of Business:**

4065 BEDEVERE DR.  
PENSACOLA, FL 32514

**Current Mailing Address:**

1888 W. KINGSFIELD RD.  
CANTONMENT, FL 32533

**New Mailing Address:**

4065 BEDEVERE DR.  
PENSACOLA, FL 32514

**FEI Number:** 20-2419372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGGINS, JOHN P  
1888 W. KINGSFIELD RD.  
CANTONMENT, FL 32533 US

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

HIGGINS, JOHN P  
4065 BEDEVERE DR.  
PENSACOLA, FL 32514 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:

02/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HIGGINS, JOHN P  
Address: 4065 BEDEVERE DR.  
City-St-Zip: PENSACOLA, FL 32514

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: JOHN HIGGINS

MGRM

02/27/2010

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