

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019384

Entity Name: AGENT HOME IMPROVERS, LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

4702 NW 30TH TERRACE
TAMARAC, FL 33309 US

New Principal Place of Business:

16631 80TH STREET N
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

4702 NW 30TH TERRACE
TAMARAC, FL 33309 US

New Mailing Address:

16631 80TH STREET N
LOXAHATCHEE, FL 33470 US

FEI Number: 20-2404724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELANEY, ROBERT L JR.
4702 NW 30TH TERRACE
TAMARAC, FL 33309 US

Name and Address of New Registered Agent:

DELANEY, STEVEN
16631 80TH STREET N
LOXAHATCHEE, FL 33470 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: STEVEN DELANEY

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELANEY, ROBERT L JR.
Address: 4702 NW 30TH TERRACE
City-St-Zip: TAMARAC, FL 33309 US

Title: MGRM (X) Delete
Name: DELANEY, STEVEN C
Address: 16631 80TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELANEY, STEVEN
Address: 16631 80TH STREET N
City-St-Zip: LOXAHATCHEE, FL 33370 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STEVEN DELANEY

MGRM

03/05/2007

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