2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Aug 06, 2007 08:00 AN Secretary of State DOCUMENT # L05000023129 1. Entity Name THE MAINTENANCE SHOPPE LLC Principal Place of Business Mailing Address 5841 SANDERS ST **5841 SANDERS ST** PENSACOLA, FL 32504 PENSACOLA, FL 32504 07222007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 15-1484235 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKS, GAVIN DO NOT WRITE 5841 SANDERS ST PENSACOLA, FL 32504 IN THIS SPACE 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 14, 2007 MANAGING MEMBERS/MANAGERS 9. **MGRM** mE PARKS, GAVIN NAME STREET ADDRESS 5841 SANDERS ST U00000771472 08/07/07-80003-022 **50.**00 CITY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY -ST-ZIP BTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP nne MAME STREET ADDRESS CITY-ST-ZIP

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