

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035385

FILED
Jan 22, 2009
Secretary of State

Entity Name: 5 STAR HOME REPAIR & IMPROVEMENT, LLC

Current Principal Place of Business:

153 LAS BRISAS DRIVE
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

153 LAS BRISAS DRIVE
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 26-1816656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC.
813 DELTONA BLVD., STE. A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

LIPSCOMB, SAMUEL R MGRM
153 LAS BRISAS DRIVE
EASTPOINT, FL 32328 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: SAMUEL R. LIPSCOMB

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIPSCOMB, SAM
Address: 153 LAS BRISAS DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM () Delete
Name: BRAMBLETT, KEITH T
Address: 153 LAS BRISAS DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM () Delete
Name: PAVON, JUAN
Address: 153 LAS BRISAS DRIVE
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES:

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

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

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

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.

SIGNATURE: SAMUEL R. LIPSCOMB

MGRM

01/22/2009

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