

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044934

1. Entity Name
AX'S HOME REPAIR AND REMODELING, LLC



Principal Place of Business
**1001 BUTTERCUP DRIVE
LAKELAND, FL 33801 US**

Mailing Address
**1001 BUTTERCUP DRIVE
LAKELAND, FL 33801 US**



04182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2082233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 May 1, 2007**

U000000737808
05/11/07-80043-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AX, JAMES B
STREET ADDRESS	1001 BUTTERCUP DRIVE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGR
NAME	AX, JONATHAN B
STREET ADDRESS	2227 S. CRYSTAL LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGR
NAME	AX, SARAH
STREET ADDRESS	1001 BUTTERCUP DR
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/25/07