2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L05000044934

Entity Name: AX'S HOME REPAIR AND REMODELING, LLC

Current Principal Place of Business:

1001 BUTTERCUP DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1001 BUTTERCUP DRIVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 43-2082233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AX, JAMES B
Address: 1001 BUTTERCUP DRIVE
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR ( ) Delete
Name: AX, JONATHAN B
Address: 2227 S. CRYSTAL LAKE DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR (X) Delete
Name: AX, SARAH
Address: 1001 BUTTERCUP DR
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: AX, JONATHON B
Address: 1801 HAVENDALE BLVD
City-St-Zip: WINTER HAVEN, FL 33881 US

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: JAMES B. AX MGR 04/27/2009

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