

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052584

**Entity Name:** TOOL MAN HOME IMPROVEMENTS, LLC

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

149 MOULTRIE CROSSING LANE  
ST AUGUSTINE, FL 32083

**New Principal Place of Business:**

149 MOULTRIE CROSSING LANE  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

149 MOULTRIE CROSSING LANE  
ST AUGUSTINE, FL 32083

**New Mailing Address:**

149 MOULTRIE CROSSING LANE  
ST AUGUSTINE, FL 32086

FEI Number: 20-1288941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COGSWELL, BYRON L MGR  
149 MOULTRIE CROSSING LANE  
ST AUGUSTINE, FL 32086 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  
Name: COGSWELL, BYRON L  
Address: 149 MOULTRIE CROSSING LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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: BYRON COGSWELL

MGR

04/17/2010

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