

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000057125**

1. Entity Name  
**SLAGLE HOME IMPROVEMENT LLC**



Principal Place of Business  
**620 SOUTH WOODWARD AVE  
DELAND, FL 32720**

Mailing Address  
**PO BOX 585  
DELAND, FL 32721-0585**

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**61-1462147**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SLAGLE, FRANCIS L  
620 SOUTH WOODWARD AVE  
DELAND, FL 32720**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SLAGLE, FRANCIS PO BOX 585 DELAND, FL 327210585</b>
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03/06/07-80037-007 50.00

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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:** *Francis L Slagle*

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

**2-22-07**

Date

**386-734-7840**

Daytime Phone #