

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000065609**

1. Entity Name  
**CANDO HOME IMPROVEMENT, LLC**



Principal Place of Business

**17424 ARIZONA RD  
FT. MYERS, FL 33912**

Mailing Address

**17424 ARIZONA RD  
FT. MYERS, FL 33912**



07022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3113195**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STURMAN, PETER  
17424 ARIZONA RD  
FT. MYERS, FL 33912**

**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

*Peter Sturman MGRM Peter Sturman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-10-07**

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STURMAN, PETER
STREET ADDRESS	17424 ARIZONA RD.
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S
NAME	STARMAN, TRAVIS
STREET ADDRESS	17424 ARIZONA RD
CITY-ST-ZIP	FT. MYERS, FL 33967
TITLE	VP
NAME	STURMAN, CYNDE
STREET ADDRESS	17424 ARIZONA RD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000768592  
07/13/07-80004-001 50.00

**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:**

*Peter Sturman Peter Sturman*

**7-10-07**

**991-433-2552**

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

Date

Daytime Phone #