2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071707

City-St-Zip:

Entity Name: FOUNDATION REPAIR SOLUTIONS LLC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
3391 STA ⁻ PANAMA (TE AVE CITY, FL 32405	5 US						
Current Mailing Address:					New Mailing Address:			
3391 STA ⁻ PANAMA (TE AVE CITY, FL 32405	5 US						
FEI Number:	: 20-3387299	FEI Number	Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Regi	stered Agent:		Name and	Address	s of New Registered Agent:	
GADDIE, WILLIAM R 3391 STATE AV E PANAMA CITY, FL 32405 US					ALL FLORIDA FIRM 813 DELTONA BLVD STE A BOX # 1357727 DELTONA, FL 32725 US			
	e named entity s e of Florida.	ubmits this s	statement for the	purpose o	f changing i	ts registe	ered office or registered agent, or	both
SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM				FIRM			01/21/2009	
	Electroni	c Signature	of Registered Ag	jent			Date	
MANAGING MEMBERS/MANAGERS:					ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () WILSON, DAVID 3391 STATE AVI PANAMA CITY, F	E			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address:	()	Delete			Title: Name: Address:	MGR GADDIE, 3391 STA	() Change (X) Addition WILLIAM ATF AVF	

City-St-Zip: PANAMA CITY, FL 32405

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: DEVIN NEWMAN FOR DAVID WILSON

01/21/2009