

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90008 001 \*\*\*\*50.00

**DOCUMENT # L05000972621**



1. Entity Name

SNIPES HOME REPAIRS L.L.C.

Principal Place of Business  
1696 BALBOA LANE  
MIDDLEBURG FL 32068

Mailing Address  
1696 BALBOA LANE  
MIDDLEBURG FL 32068



2. Principal Place of Business

1696 BALBOA LANE

3. Mailing Address

1696 BALBOA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Middleburg, FL

City & State

Middleburg, FL

4. FEI Number

13-430-2820

Applied For

Not Applicable

Zip

32068

Country

CLAY

Zip

32068

Country

CLAY

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNIPES, J.W.  
1696 BALBOA LANE  
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME SNIPES, J.W.  
STREET ADDRESS 1696 BALBOA LANE  
CITY - ST - ZIP MIDDLEBURG FL 32068

TITLE MGRM ☐ Delete  
NAME SNIPES, CAROLYN  
STREET ADDRESS 1696 BALBOA LANE  
CITY - ST - ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:** J.W. Snipes

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

J.W. Snipes

8/21/2006 904-272-5411

Date

Daytime Phone #