

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075149

Entity Name: M & L HOME REPAIRS, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

8877 NATURE VIEW LANE, W.
JACKSONVILLE, FL 32217

New Principal Place of Business:

3931 MOSS OAK DRIVE
JACKSONVILLE, FL 322177

Current Mailing Address:

8877 NATURE VIEW LANE, W.
JACKSONVILLE, FL 32217

New Mailing Address:

3931 MOSS OAK DRIVE
JACKSONVILLE, FL 322177

FEI Number: 27-0128198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KICK, MICHAEL J
8877 NATURE VIEW LANE, W.
JACKSONVILLE, FL, FL 32217 US

Name and Address of New Registered Agent:

KICK, MICHAEL J
3931 MOSS OAK DRIVE
JACKSONVILLE, FL 32277 US

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: MICHAEL KICK

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KICK, MICHAEL J
Address: 887 NATURE VIEW LANE, W.
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KICK, MICHAEL J
Address: 3931 MOSS OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR () Change (X) Addition
Name: KICK, CARLA
Address: 3931 MOSS OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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: MICHAEL KICK

MGR

03/31/2009

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