

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90085 006 ****55.00

DOCUMENT # L05000081293

1. Entity Name

GLEN'S HOME REPAIR LLC



Principal Place of Business
1604 PALMETTO AVENUE
DELAND FL 32724

Mailing Address
1604 PALMETTO AVENUE
DELAND FL 32724



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1604 Palmetto Ave.

City & State

DeLand, FL

Zip

32724

Country

U.S.

Suite, Apt. #, etc.

1604 Palmetto Ave.

City & State

DeLand, FL

Zip

32724

Country

U.S.

2nd MOORE

CR2E083 (4/06)

4. FEI Number

56-2532061

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANNIN, GLEN R
1604 PALMETTO AVENUE
DELAND FL 32724

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 MGR
NAME FANNIN, GLEN R
STREET ADDRESS 1604 PALMETTO AVENUE
CITY - ST - ZIP DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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: Glen R. Fannin - GLEN R. FANNIN

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

7/19/06

Date

386-717-7099

Daytime Phone #