2007 LIMITED LIABILITY COMPANY ANNUAL: REPORT (AR)

FILED Feb 16, 2007 08:00 AN Secretary of State DOCUMENT # L05000081293' 1. Entity Name GLEN'S HOME REPAIR LLC Principal Place of Business Mailing Address 1604 PALMETTO AVENUE 1604 PALMETTO AVENUE DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, oto 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 56-2532061 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANNIN, GLEN R Street Address (P.O. Box Number is Not Acceptable) 1604 PALMETTO AVENUE DELAND_FL 32724 Zip Code City 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. DATE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when revisiting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Change Addition TITLE ☐ Delete MGR FANNIN, GLEN R NAME U00000641202 02/28/07-80097-015 50.00 STREET ADDRESS STREET ADDRESS 1604 PALMETTO AVENUE CITY-ST-ZIP CITY - ST- ZIP DELAND FL 32724 TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7/P THE Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IF CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZM CHY-ST-ZIP ☐ Addition Change Deleie TITLE IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP П Сралое ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: LLu A Famin - GLEV B. FANNIN 2/14/07 386. 734 - 0365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desylme Place 4

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes | 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 eath; 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.