

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90309 012 ***138.75

60025715



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3382529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000085430

1. Entity Name
AMERICAN APPLICANCES & HOME SERVICES, LLC



Principal Place of Business
1803 PINE TREE DRIVE
EDGEWATER, FL 32141 US

Mailing Address
P.O. BOX 458
EDGEWATER, FL 32132 US

2. Principal Place of Business - No P.O. Box #
2628 Unity Tree Dr
Suite, Apt. #, etc.
Edgewater, FL
City & State

3. Mailing Address
P.O. Box 458
Suite, Apt. #, etc.
Edgewater, FL
City & State

Zip
32141 Country
Volusia

Zip
32132 Country
Volusia

6. Name and Address of Current Registered Agent
FARRELL, TRUDE C
1803 PINE TREE DRIVE
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent
Name
Trude C Farrell
Street Address (P.O. Box Number is Not Acceptable)
2628 Unity Tree Dr
Edgewater
City
FL Zip Code
32141

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 Trude C Farrell (NOTE: Registered Agent signature required when re-registering) DATE 4/18/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FARRELL, TRUDE C 1803 PINE TREE DR. EDGEWATER, FL 32141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Trude C Farrell DATE 4/18/08

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