

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 029 ****50.00

DOCUMENT # L05000087554

1. Entity Name
BKH INSTALLS & REPAIRS, LLC



Principal Place of Business

**6406 HARLOW BLVD
JACKSONVILLE, FL 32210 US**

Mailing Address

**PO BOX 14735
JACKSONVILLE, FL 32238**

60037083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

955 N. Unger ST.

Suite, Apt. #, etc.

955 N. Unger ST.

City & State

Mt Dora FL 32757

City & State

Mt Dora FL

Zip

32757

Country

US

Zip

32757

Country

US

04102007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3418882

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HETZEL, STACY E
6406 HARLOW BLVD
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name

Stacy E. Hetzel

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

955 N. Unger St.

City

Mt Dora

FL

Zip Code

32757

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 LLC, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HETZEL, BRIAN K**
STREET ADDRESS **6406 HARLOW BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **MGRM** ☐ Delete
NAME **HETZEL, STACY E**
STREET ADDRESS **6406 HARLOW BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

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 **MGRM** ☒ Change ☐ Addition
NAME **Brian K Hetzel**
STREET ADDRESS **955 N. Unger St.**
CITY-ST-ZIP **Mt Dora FL 32757**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Stacy E. Hetzel**
STREET ADDRESS **955 N. Unger St.**
CITY-ST-ZIP **Mt Dora FL 32757**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

4/10/07

904-860-8612