

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093539

FILED
Aug 29, 2006
Secretary of State

Entity Name: MAVERICK REMODELING LLC.

Current Principal Place of Business:

1957 EDGEWOOD DR.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1957 EDGEWOOD DR.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTIENSEN, DARREN K
1957 EGDEWOOD DR.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTIENSEN, DARREN K
Address: 1957 EGDEWOOD DR.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: CHRISTIENSEN, SYLVIA M
Address: 1957 EGDEWOOD DR.
City-St-Zip: NAVARRE, FL 32566

Title: MGR () Delete
Name: EVANS, DANIEL R
Address: 1957 EGDEWOOD DR.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARREN K. CHRISTIENSEN

MGRM

08/29/2006

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