2006 LIMITED LIABILITY COMPANY

SIGNATURE

ANNUAL REPORT DOCUMENT # L05000100561 ROGÉR'S HOME REPAIRS & REMODELING, LLC Principal Place of Business Mailing Address 1647 TURNER STREET 1647 TURNER STREET CLEARWATER, FL 33756 CLEARWATER, FL 33756 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name MORIN, ROGER Street A 1647 TURNER STREET CLEARWATER, FL 33756 City 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signal Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGRM ☐ Delete TITLE NAME MORIN, ROGER NAME STREET ADDRESS 1647 TURNER STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE», TITLE _ 🛄 Delete NAME NAME STREET ALORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions or indicated on this report is true and accurate and that my signature shall have the same legal effe limited liability company or the receiver or trustee empowered to execute this report as required liability.

B NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #