

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000107713

1. Entity Name  
MIKE'S HOME MAINTENANCE LLC



Principal Place of Business  
357 SAM MARKS RD  
CRAWFORDVILLE, FL 32327

Mailing Address  
357 SAM MARKS RD  
CRAWFORDVILLE, FL 32327

FILED

2007 MAY 10 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, MIKE  
357 SAM MARKS RD  
CRAWFORDVILLE, FL 32327

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BUTLER, MIKE  
357 SAM MARKS RD  
CRAWFORDVILLE, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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200103047622  
05/23/07--01005--021 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Michael A. Batt*

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

4/15/2007

Date

933-6223

Daytime Phone #