

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-22-2007 90180 009 ****55.00

DOCUMENT # L05000117381 1. Entity Name R.OWENS MAINTENANCE&REPAIR LLC					
Principal Place of Business 2962E.OSCEOLARD. GENEVA FL 32732			Mailing Address 2962E.OSCEOLARD. GENEVA FL 32732		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4567573 AP-PLIED FOR	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, ROBERT W 2962E.OSCEOLARD. GENEVA FL 32732			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Robert W. Owens</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR OWENS, ROBERT W 2962E.OSCEOLARD. GENEVA FL 32732	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GIDDINGS, BETTY L 2962E.OSCEOLARD. GENEVA FL 32732	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Robert W. Owens</i></u> 5-29-07 407-349-0350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

TAX ID # 20-4567573