## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000123378

FILED Nov 26, 2007 Secretary of State

Entity Name: ALL HOME REPAIR & MAINTENANCE SERVICE LLC

**Current Principal Place of Business: New Principal Place of Business:** 1626 SOUTH PINE AVE OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 2704 NE 22ND AVE OCALA, FL 34470 US FEI Number: 86-1154834 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINN, ROBERT 2704 NE 22ND AVE US OCALA, FL 34470 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: ROBERT FINN Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete FINN. ROBERT Name: Name: Address: 2704 NE 22ND AVE Address: City-St-Zip: OCALA, FL 34470 US City-St-Zip: Title: VMGR () Delete Title: () Change () Addition Name: FINN, PETER SR Name: Address: 2704 NE 22ND AVE Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: () Change () Addition FINN, PETRA ROACH Name: Name: 26 AMBASSADOR LP Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: ( ) Delete Title: () Change () Addition M Name: GRANT, ANTHONY Name: 39 SPRING LOOP CIR Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT FINN MGR 11/26/2007