

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002133

FILED
Jan 12, 2008
Secretary of State

Entity Name: STORMTROOPERS HOME IMPROVEMENT L.L.C

Current Principal Place of Business:

3111 SE CANBY RD
PORT ST LUCIE, FL 34952

New Principal Place of Business:

3111 SE CANBY RD
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

3111 SE CANBY RD
PORT ST LUCIE, FL 34952

New Mailing Address:

3111 SE CANBY RD
PORT ST LUCIE, FL 34952 US

FEI Number: 20-4053668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRIKS, PAUL L JR
3111 SE CANBY RD
PORT ST LUCIE, FL 34952 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: MGR () Delete
Name: HENDRIKS, LESLIE P JR
Address: 3111 SE CANBY RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM () Delete
Name: HENDRIKS, MARYJO
Address: 3111 SE CANBY RD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENDRIKS, LESLIE P JR
Address: 3111 SE CANBY RD
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM (X) Change () Addition
Name: HENDRIKS, MARYJO
Address: 3111 SE CANBY RD
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: MARY JO HENDRIKS

MGRM

01/12/2008

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