

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004830

FILED
Jan 29, 2008
Secretary of State

Entity Name: POHLMAN HOME REPAIR & MAINTENANCE, LLC

Current Principal Place of Business:

653 NELSON DRIVE
ORANGE PARK, FL 32073

New Principal Place of Business:

3895 WALSH STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

653 NELSON DRIVE
ORANGE PARK, FL 32073

New Mailing Address:

P. O. BOX 2576
ORANGE PARK, FL 32067 25

FEI Number: 02-0561163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHLMAN, GLENN L
653 NELSON DRIVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

POHLMAN, GLENN L
3895 WALSH STREET
JACKSONVILLE, FL 32205 US

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:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POHLMAN, GLENN L
Address: 653 NELSON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: POHLMAN, SCOTT
Address: 653 NELSON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POHLMAN, GLENN L
Address: 3895 WALSH STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM (X) Change () Addition
Name: POHLMAN, SCOTT
Address: 3895 WALSH STREET
City-St-Zip: JACKSONVILLE, FL 32205

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: GLENN L. POHLMAN

PRES

01/29/2008

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