2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L06000004830

Entity Name: POHLMAN HOME REPAIR & MAINTENANCE, LLC

Current Principal Place of Business:

3895 WALSH STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

3895 WALSH STREET
JACKSONVILLE, FL 32205

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: GLENN L. POHLMAN MGRM 03/06/2009

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