


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90363 033 \*\*\*\*50.00

<b>DOCUMENT # L06000005502</b> 1. Entity Name <b>CURB APPEAL, LLC</b>					
Principal Place of Business <b>209 WINTHROP AVENUE WEST PENSACOLA, FL 32507</b>			Mailing Address <b>209 WINTHROP AVENUE WEST PENSACOLA, FL 32507</b>		
2. Principal Place of Business - No P.O. Box # <b>209 Winthrop Ave West</b> Suite, Apt. #, etc.		3. Mailing Address <b>209 Winthrop Ave West</b> Suite, Apt. #, etc.			
City & State <b>Pensacola FL 32507</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>55-0915264</b>	
Zip <b>32507</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TILLMAN, MARK 209 WINTHROP AVENUE WEST PENSACOLA, FL 32507</b>				7. Name and Address of New Registered Agent Name <b>Mark Tillman</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 Winthrop Ave West</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32507</b>	
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>Mark Tillman</i></u> DATE <u>5/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TILLMAN, MARK 209 WINTHROP AVENUE WEST PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TILLMAN, GRETCHEN 209 WINTHROP AVENUE WEST PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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>Mark Tillman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5/17/07</u> Daytime Phone # <u>850-453-7333</u>		