

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000006672

1. Entity Name

EAM HOME REPAIRS, LLC



Principal Place of Business

404 SE 11TH STREET
OCALA FL 34471

Mailing Address

404 SE 11TH STREET
OCALA FL 34471



2. Principal Place of Business - No P.O. Box #

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4136489

Applied For

No: Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, EDDIE A
404 SE 11TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

NONE

City

FL

Zip Code

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 *Eddie A. May*

Signature, typed or printed name of registered agent and the filer (required)

(NOTE: Registered Agent's qualifications required when re-designating)

DATE

4-20-08

FILE NOW!!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR MAY, EDDIE A
STREET ADDRESS 404 SE 11TH STREET
CITY- ST- ZIP Ocala, FL 34471

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000909177
05/06/08-80020-001 138.75

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Eddie A. May

4-20-08

629-7379

361-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #