2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L06000011042 1. Entity Name HOME IMPROVEMENTS OF FLORIDA, LLC							04-05-2007 90023 046 *******50.00			
Principal Place 2109 SE MOI PORT ST LUC	RNINGSIDE E	BOULEVARD	Mailing Address 2109 SE MORNINGSIDE BOULEVARD PORT ST LUCIE, FL 34952 US			50032323				
2. Principal Pl	lace of Busin	ess - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032007	Chg-LLC	CR2E083 (12/06)	•	
City & State			City & State		4. FEI Numb	4738189	⊢	pplied For ot Applicable		
Zip	Country		Zip			5. Certificat	e of Status Desired	☐ \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent						7. Name an	d Address of New Re	egistered Agent		
O'HEARN,	JAMES J				Name					
2466 NE 1 JENSEN B	7TH COU				Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip Coo	ie	
* The phoys	named eatity	Loubmits this statement for	the avenue of chancing its	ad office or regis	stared agent or b	oth in the State of Da	<u> </u>			
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										
· 👋	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTI	: Registere	d Agent signature requ	uired when reinstating)	1	DATE		
Filing Fee is \$50.00 Due by May 1, 2007							l .	check payable to Department of Stat	te	
9.	MANAGING MEMBERS/MANAGERS						ADDITIONS/	CHANGES		
TITLE	MGR	WANAGING MEMBER	Delete	10.	:		ADDITIONS	Change	☐ Addition	
NAME .		STEVEN H		NAM	l l					
STREET ADDRESS	. - ;		/ARD	STRE	ET ADDRESS					
CITY-ST-ZIP	PORT ST	LUCIE, FL 34952		CITY	-\$T-ZIP					
TITLE NAME	* .		☐ Delete	TITLE NAMI	i i			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	:				ET ADDRESS - ST - ZIP					
TITLE			☐ Delete	TITLE			16	☐ Change	Addition	
NAME				NAM	E					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	·			+-	- ST- ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					et address - St-Zip					
TITLE			☐ Delete	TITLE				☐ Change		
NAME				NAMI				ட வளி	Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
indicated	on this repor	e information supplied with t t is true and accurate and the ty or the receiver or trustee	pat my signature shall have	the same	legal effect as	if made under oat	h; that I am a managi	rther certify that the info ing member or manage	ormation er of the	

H Hughes, Partner Steven