

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011317

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** LARSEN & MOBLEY HOME REPAIRS, LLC

**Current Principal Place of Business:**

2824 EMILY LANE  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

2824 EMILY LANE  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-4569034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOBLEY, RUSSELL  
2824 EMILY LANE  
JACKSONVILLE, FL 32216 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: LARSEN, MICHAEL  
Address: 1981 EAST ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Delete  
Name: MOBLEY, RUSSELL  
Address: 2824 EMILY LANE  
City-St-Zip: JACKSONVILLE, FL 32216

**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: MICHAEL LARSEN

MGRM

03/20/2009

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