2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 21, 2007 8:00 am DOCUMENT # L06000013492 **Secretary of State** 1. Entity Name 02-21-2007 90101 035 ****50.00 FISHER FIX-IT LLC Principal Place of Business Mailing Address 5620 SE MILES GRANT RD. STUART FL 34997 5620 SE MILES GRANT RD. STUART FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number 94-1705323 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, GEORGE B JR. Street Address (P.O. Box Number is Not Acceptable) 5620 SE MILES GRANT RD. STUART FL 34997 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, typed or printed harns of registered agent and life if applicable (NOT) Registered Agent signature required when reinstating) DAIL FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. BHE Change ☐ Addition Ш ☐ Delete MGR NAME FISHER, GEORGE B JR. STREET ADDRESS STREELADORESS 5620 SE MILES GRANT RD. CHY St. 7IP CITY - ST- 7IP STUART FL 34997 ☐ Delete ☐ Change ☐ Addition HILE 11111 NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP Ciff St Zie Change Addition ☐ Delete THEF NAMI NAMI STREET ADDRESS STREET ADDRESS CITY - ST. 74P CHY SI ZIP ☐ Detete Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-ST ZIP CHY S1-ZP Change Addition Delete HHE MILE NAME NAM STREET ADDRESS STREET ADDRESS CHY ST-7IP 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 logal effect as if made under eath; 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.

FILED