2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State
02-21-2007 90102 050 ****55.00

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1. Entity Name
DURDEN'S HOME REPAIR LLC

Principal Place of Business	Mailing Address
18012 NE ALYSSA LANE HOSFORD, FL 32334	18012 NE ALYSSA LANE HOSFORD, FL 32334

01312007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
18012 N/E Alyssa Lane	18012 N/E Alyssa Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hosford FL	City & State: Hosford FL
Zip: 32334 Country: USA	Zip: 32334 Country: USA

4. FEI Number 20-5824649 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD LOGAN DURDEN 18012 NE ALYSSA LANE HOSFORD, FL 32334	Name Street Address (P.O. Box Number is Not Acceptable) 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RICHARD LOGAN DURDEN 18012 NE ALYSSA LANE HOSFORD, FL 32334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Durden 2-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #