2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90102 050 ****55.00

DOCUMENT # L06000014434

1. Entity Name
DURDEN'S HOME REPAIR LLC

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

Mailing Address
18012 NE ALYSSA LANE
HOSFORD, FL 32334

2. Principal Place of Business No P.O. Box #
18012 NE Alyssa Lane
Suite, Apt. #, etc.

3. Mailing Address
18012 NE Alyssa Lane
Suite, Apt. #, etc.

01312007 Chg-LLC CR2E083 (12/06)

City & State: Hosford FL
Zip: 32334 Country: USA

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Zip: 32334 Country: USA

4. FEI Number 20-5824449 ✓ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD LOGAN DURDEN
18012 NE ALYSSA LANE
HOSFORD, FL 32334

7. Name and Address of New Registered Agent

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 the date below. (NOTE: Registered Agent's signature required when not listing an officer or director below.) 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
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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: Ryan Durden 2-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #