

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015500

FILED
Apr 29, 2008
Secretary of State

Entity Name: H & H REPAIRS, LLC

Current Principal Place of Business:

2081 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

2081 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 76-0817278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAID, GEORGE ALLEN
2081 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

HAID, GEORGE A
2081 HOLLEY TIMBER ROAD
COTTONDALE, FL 32431 US

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: GEORGE A. HAID

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAID, GEORGE ALLEN
Address: 2081 HOLLEY TIMBER ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: MGRM () Delete
Name: HAID, REBECCA LYNN
Address: 2081 HOLLEY TIMBER ROAD
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAID, GEORGE A
Address: 2081 HOLLEY TIMBER ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: MGRM (X) Change () Addition
Name: HAID, REBECCA L
Address: 2081 HOLLEY TIMBER ROAD
City-St-Zip: COTTONDALE, FL 32431

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: GEORGE A. HAID

MGR

04/29/2008

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