2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 09, 2007 8:00 am
Secretary of State
03-27-2007 90206 035 ****50.00

DOCUMENT # L06000021013

1. Entity Name
HOME IMPROVEMENTS BY JOSE, LLC

Principal Place of Business	Mailing Address
~~820 SW 2ND STREET~~ BOCA RATON FL 33486	~~820 SW 2ND STREET~~ BOCA RATON FL 33486

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1699 SW 17TH St	1699 SW 17TH St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33486 Country: USA	Zip: 33486 Country: USA

4. FEI Number: 68-0621073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE L
820 SW 2ND STREET
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name: 1699 SW 17TH St Josd Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 1699 SW 17TH St
City: Boca Raton FL Zip Code: 33486

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, JOSE L ~~820 SW 2ND STREET~~ 1699 SW 17th St BOCA RATON FL 33486	☑ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #