## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 07, 2008 08:00 A Secretary of State DOCUMENT # L06000024047 **GOMEZ HOME REPAIRS LLC** Mailing Address Principal Place of Business 1530 VAGABOND LN 1530 VAGABOND LN ORLANDO, FL 32839 US ORLANDO, FL 32839 CR2E083 (12/07) 02292008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-4435667 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GOMEZ, FELIX R DO NOT WRITE 1530 VAGABOND LN ORLANDO, FL 32839 IN THIS SPACE 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. DATE , Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOWIS FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE U00000850399 GOMEZ, FELIX R NAME 03/24/08-80004-024 138.75 STREET ADDRESS 1530 VAGABOND LN CITY-ST-ZIP ORLANDO, FL 32839 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIELE NAME STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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: VEWS GOMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-29-08/407) 467-2513.

FILED