

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000028046**

1. Entity Name  
**BRUCE ANTHONY HOME MAINTENANCE AND REPAIR  
SERVICE, LLC**



Principal Place of Business  
**9150 SOUTHMONT COVE SUITE 308  
FORT MYERS, FL 33908**

Mailing Address  
**9150 SOUTHMONT COVE SUITE 308  
FORT MYERS, FL 33908**



01052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3848688**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ANTHONY, BRUCE O SR  
9150 SOUTHMONT COVE SUITE 308  
FORT MYERS, FL 33908**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANTHONY, BRUCE O SR  
9150 SOUTHMONT COVE SUITE 308  
FORT MYERS, FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000898077  
04/25/08-80074-010 143.75

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** *Bruce O Anthony Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*April 10, 2008* 239-  
461-  
6055

Date

Daytime Phone #