

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028594

FILED  
May 07, 2007  
Secretary of State

Entity Name: ASAP HOME REPAIR, LLC

**Current Principal Place of Business:**

1023 VALENCIA TOWN TERRACE  
# 105  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

1023 VALENCIA TOWN TERRACE  
# 105  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 20-4527119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANTIAGO, ALEXANDRO  
1023 VALENCIA TOWN TERRACE  
# 105  
ORLANDO, FL 32825 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANTIAGO, ALEXANDRO  
Address: 1023 VALENCIA TOWN TERRACE # 105  
City-St-Zip: ORLANDO, FL 32825

Title: MGRM ( ) Delete  
Name: SANTIAGO, KEILA  
Address: 1023 VALENCIA TOWN TERRACE # 105  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEXANDRO SANTIAGO

MGRM

05/07/2007

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