

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042869

Entity Name: T & A HOME REPAIRS LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

324 WILD FORREST DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

9492 COUNTY ROAD 649
BUSHNELL, FL 33513

Current Mailing Address:

324 WILD FORREST DRIVE
DAVENPORT, FL 33837

New Mailing Address:

9492 COUNTY ROAD 649
BUSHNELL, FL 33513

FEI Number: 51-0576260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, AMANDA
324 WILD FORREST DRIVE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

WATERS, AMANDA
9492 COUNTY ROAD 649
BUSHNELL, FL 33513 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: AMANDA WATERS

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CATTELL, THOMAS
Address: 324 WILD FORREST DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM () Delete
Name: WATERS, AMANDA
Address: 324 WILD FORREST DRIVE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CATTELL, THOMAS
Address: 9492 COUNTY ROAD 649
City-St-Zip: BUSHNELL, FL 33513

Title: MGRM (X) Change () Addition
Name: WATERS, AMANDA
Address: 9492 COUNTY ROAD 649
City-St-Zip: BUSHNELL, FL 33513

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: AMANDA WATERS

MM

04/02/2008

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