FILED Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90181 010 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000046266 1. Entity Name ROBERT'S SOUTHERN HOME REPAIR LLC Principal Place of Business Mailing Address							02-10-2007	0181 010	30.00
120 SOUTH AUBURNDAL	OWEN CIR.		Mailing Address 120 South Owen CIR. Auburndale, FL 33823				PRIM CIPHE BAKA MAIN G	114 4 O ff or 110 1400:	
2. Principal P	tace of Busir	ness - No P.O. Box#	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02042007	Chg-LLC	CR2E083 (12/	(06)
City & State			City & State			4. FEI Numbe		, -	Applied For Not Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desired Solution Status Desired Fee Required			
:	6. Name	and Address of Current	egistered Agent Name		7. Name and	Address of New Re	gistered Agent		
MALLOY, ROBERT LEE 120 SOUTH OWEN CIR. AUBURNDALE, FL 33823			Street A		Street Address (I	P.O. Box Numb	er is Not Acceptable)		
					City			FL Zip	Code
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 epplicable. (NOTE: Registered Agent algorature required when reinstating) DATE									
Fi	iling Fee i ue by Ma	s \$50.00 y 1, 2007					check payable Department of		
9.	,	MANAGING MEMBE	RS/MANAGERS	10.		<u> </u>	ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 SOU	ROBERT TH OWEN CIR. DALE, FL. 33823	☐ Delete					☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deiete		I			Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1			☐ Cha	nge 🗌 Addition
TITLE Name Street address City-St-71P			☐ Delete		1			☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .			☐ Cha	nge 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E Et address -St-ZIP			☐ Cha	
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 accuracy 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: \$3-968-53 SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANAGEM MEMBER, MANAGER, OR AUTHORIZED DEPRESENTATIVE Date Deptino Prices #									