

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/6/2007-90037-035-\$50.00-\$50.00

DOCUMENT # L06000046508 1. Entity Name PENNY WAHLBERG HOME SERVICES, LLC					
Principal Place of Business 201 SW PALM COVE DRIVE PALM CITY, FL 34990			Mailing Address 201 SW PALM COVE DRIVE PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 07052007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent WAHLBERG, PENNY 201 SW PALM COVE DRIVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAHLBERG, PENNY 201 SW PALM COVE DRIVE PALM CITY, FL 34990 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <i>Penny Wahlberg</i>			8/17/07 772 349 2423		
SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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SECRET - STATE OF FLORIDA
TALLAHASSEE



REINSTATEMENT