


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 046 ****50.00

DOCUMENT # L06000053757		
1. Entity Name J&D HOME REPAIR "LLC"		

Principal Place of Business 36422 EAST DRIVE FRUITLAND PARK, FL 34731 US	Mailing Address 15291 SE 156 PLACE RD WEIRSDALE, FL 32195 US
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2. Principal Place of Business - No P.O. Box # 15291 SE 156 Place Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weirsdale FL	City & State
Zip 32195	Country Marion

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2107556

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
SHUMATE, DAVID A 15291 SE 156 PLACE RD WEIRSDALE, FL 32195	

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 <i>David A Shumate</i>	DATE 3-10-07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, KEN S 36422 EAST DRIVE FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUMATE, DAVID A 15291 SE 156 PLACE RD WEIRSDALE, FL 32195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, JERRY W 8085 CR 109 LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>David A Shumate</i>	DATE: 3-10-07	DAYTIME PHONE #: 352-406-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		