

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90201 014 \*\*\*\*50.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # L06000055470</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>HALL'S RENOVATION SERVICES, LLC  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>3059 RIVERBROOK DRIVE<br>WINTER PARK, FL 32792 US   |  |   | <b>Mailing Address</b><br>P O BOX 859<br>GOLDENROD, FL 32733 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  |   | <b>3. Mailing Address</b>                                       |  |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |  |  |
| <b>City &amp; State</b>   |  |   | <b>City &amp; State</b>   |  |  |
| <b>Zip</b>  |  | <b>Country</b>  |   | <b>Zip</b>   |  |
| <b>Country</b>  |  | <b>Country</b>  |   | <b>4. FEI Number</b><br>305299984                  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>Applied For</b><br>Not Applicable               |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HALL, THOMAS D<br>3059 RIVERBROOK DRIVE<br>WINTER PARK, FL 32792  |  |   |   | <b>7. Name and Address of New Registered Agent</b> |  |
| Name  |  |   |   | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |   |   | Street Address (P.O. Box Number is Not Acceptable) |  |
| City  |  |   |   | City   |  |
| FL  |  |   |   | Zip Code   |  |
| <b>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.</b>  |  |   |   |  |  |
| <b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |  |
| DATE _____  |  |   |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>   |  | Make check payable to<br>Florida Department of State              |   | DATE _____   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>                                    |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>HALL, THOMAS D<br>P O BOX 859<br>GOLDENROD, FL 32733 | <input type="checkbox"/> Delete                                   |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE</b> <i>Thomas D Hall</i>   |  |   | <b>3/21/07</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   | <small>Date Daytime Phone #</small>                             |  |  |

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