


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90222 021 \*\*\*\*50.00

|   |   |
|---|---|
| EPDVNF0U!\$ L06000060875<br>2/ Entity Name<br>AL'S HOME MAINTENANCE LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>345!NENUBV/7<br>JOEBROUD!QM43: 14 | Mailing Address<br>345!NENUBV/7<br>JOEBROUD!QM43: 14 |
|--|--|

40116660



|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>234 miami Ave.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>234 miami Ave<br>Suite, Apt. #, etc. |
|---|--|

03292007 Di h. MMD DS3F 194!23017\*

|  |                |  |                |
|--|----------------|--|----------------|
| City & State<br>Indialantic FL<br>Zip<br>32903 | Country<br>USA | City & State<br>Indialantic FL<br>Zip<br>32903 | Country<br>USA |
|--|----------------|--|----------------|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-5060955 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>ETHIER, ALAN L<br>234 MIAMI AVE<br>INDIALANTIC, FL 32903 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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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 \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> |  | Nbl f di f dl qbzbcrfn up<br>Gpsjeb Ef qbsn f oupgTubf |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                       |                                 |  | 10. ADDITIONS/CHANGES |  |   |  |
|------------------------------|-----------------------|---------------------------------|--|-----------------------|--|---|--|
| TITLE                        | MGRM                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | ETHIER, ALAN L        |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 234 MIAMI AVE.        |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  | INDIALANTIC, FL 32903 |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                       |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |  |   |  |

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: \_\_\_\_\_ 4-30-07 321-537-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #