#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L06090060875

1. Entity Name
AL'S HOME MAINTENANCE LLC



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

234 MIAMI AVE

INDIALANTIC, FL 32903

Mailing Address

234 MIAMI AVE

INDIALANTIC, FL 32903



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5060955

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ETHIER, ALAN L 234 MIAMI AVE INDIALANTIC, FL 32903

## DO NOT WRITE IN THIS SPACE

8.	<ol><li>The above named entity submits this state</li></ol>	ement for the purpose of changing	its registered office or registered	d agent, or both, in the State of Florida	I am familiar with, and accept
	the obligations of registered agent				

(NOTE: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

l				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETHIER, ALAN L 234 MIAMI AVE. INDIALANTIC, FL 32903			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

000000946685 05/30/08-80060-004 138.75

# DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

+:30.08

Date

Daytime Phone #

Dat