

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063490

Entity Name: ACD HOME REPAIRS, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1934 S. VISCAYA CIRCLE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1934 S. VISCAYA CIRCLE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-5261616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, ANNETTE
1934 S. VISCAYA CIRCLE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

FULLER, ANNETTE L
1934 S. VISCAYA CIRCLE
DELTONA, FL 32738 US

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.

SIGNATURE: ANNETTE L. FULLER

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: FULLER, CARY L
Address: 1934 S. VISCAYA CIR
City-St-Zip: DELTONA, FL 32738 US

Title: MRS. () Change (X) Addition
Name: FULLER, ANNETTE L
Address: 1934 S. VISCAYA CIR
City-St-Zip: DELTONA, FL 32738 US

Title: MR. () Change (X) Addition
Name: LANE, DANIEL R
Address: 1934 S. VISCAYA CIR
City-St-Zip: DELTONA, FL 32738 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNETTE L. FULLER

MRS.

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date