

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066067

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** TIMOTHY FALCON QUALITY REMODELING AND CARPENTRY LLC

**Current Principal Place of Business:**

3190 BELLE MEADE DR. APT. A  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

3190 BELLE MEADE DR. APT. A  
PENSACOLA, FL 32503

**New Mailing Address:**

3190 BELLE MEADE DR.  
APT. A  
PENSACOLA, FL 32503

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FALCON, TIMOTHY P  
3710 W. CERVANTES ST.  
PENSACOLA, FL 32505 US

**Name and Address of New Registered Agent:**

FALCON, TIMOTHY P  
3190 BELLE MEADE DR.  
APT. A  
PENSACOLA, FL 32503 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: TIMOTHY FALCON

04/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FALCON, TIMOTHY P MGRM  
Address: 3190 BELLE MEADE DR. APT A  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY FALCON

MGRM

04/17/2007

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