2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L06000069048

Entity Name: EXPERT APPLIANCE REPAIR SERVICES, LLC

Current Principal Place of Business:

406-6 MADISON AVENUE
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1253
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 20-5184517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDAGENT.COM, INC.
1543 KINGSLEY AVENUE
BLDG. 5
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HUGHES, MICHAEL D
Address: 369 BLANDING BLVD.
City-St-Zip: ORANGE PARK, FL 32073

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HUGHES, MICHAEL D
Address: 306-6 MADISON AVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGR ( ) Change (X) Addition
Name: HUGHES, STEPHEN D
Address: 306-6 MADISON AVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGR ( ) Change (X) Addition
Name: WILSON, DONELL R
Address: 306-6 MADISON AVE
City-St-Zip: ORANGE PARK, FL 32073 US

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: DONELL R. WILSON MGR 01/03/2007

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