

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90097 010 ****50.00

DOCUMENT # L06000070308		
1. Entity Name STEVEN QUEAL MOBILE HOME REPAIRS, LLC		

Principal Place of Business 250 SANTOS TERRACE LAKE CITY, FL 32024	Mailing Address 250 SANTOS TERRACE LAKE CITY, FL 32024
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2. Principal Place of Business - No P.O. Box # 1194 NW Ashley St.	3. Mailing Address 1194 NW Ashley St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07162007 Chg-LLC CR2E083 (12/06)

City & State LAKE CITY FL	City & State LAKE CITY FL
Zip 32055	Zip 32055
Country USA	Country USA

4. FEI Number 205390394	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent QUEAL, STEVEN 250 SANTOS TERRACE LAKE CITY, FL 32024	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Steve Queal</i>	DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUEAL, STEVEN 250 SANTOS TERRACE LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Queal, Steven 1194 NW Ashley St. LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: <i>Steve Queal</i>	DATE: 8-13-07	Daytime Phone #: 1-386-268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

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