

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90377 029 ****55.00

DOCUMENT # L06000070896

1. Entity Name

MAINTENANCE PLUS, LLC



Principal Place of Business

1535 BAYWOODS RD.
GULF BREEZE FL 32563
US

Mailing Address

1535 BAYWOODS RD.
GULF BREEZE FL 32563
US



2. Principal Place of Business - No P.O. Box #

1535 Baywoods Rd.

3. Mailing Address

1535 Baywoods Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

205201660

Applied For

Not Applicable

Zip

32563

Country

USA

Zip

32563

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Sheri A. Harris

Street Address (P.O. Box Number is Not Acceptable)
1535 Baywoods Rd.

City

Gulf Breeze

FL

Zip Code

32563

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

Sheri A. Harris

4-24-07

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

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HARRIS, JOHN P	
STREET ADDRESS	1535 BAYWOODS RD.	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE	MGRM	☐ Delete
NAME	HARRIS, SHERI A	
STREET ADDRESS	1535 BAYWOODS RD.	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-07 (850)932-1364

Date

Daytime Phone #