

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 037 ***138.75

60020088



DOCUMENT # L06000073022

1. Entity Name
NEXGEN HOME SERVICES, LLC



Principal Place of Business
**250 AVENUE K, S.W., SUITE 10
WINTER HAVEN, FL 33880**

Mailing Address
**250 AVENUE K, S.W., SUITE 10
WINTER HAVEN, FL 33880**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-5260399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRINSON, J. KEMP~~
~~250 AVENUE K, S.W., SUITE 10~~
~~WINTER HAVEN, FL 33880~~

Name **Straughn & Turner, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
255 Magnolia Ave, SW

City **Winter Haven**

FL

Zip Code **33880**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/2/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CASSIDY, ALBERT B
250 AVENUE K, S.W., SUITE 10
WINTER HAVEN, FL 33880** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ADAMS, ROBERT J
3020 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803** ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/08

DATE

863-324-3698

Daytime Phone #