2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L06000081098

Entity Name: A1A HOME REPAIRS AND MORE, L.L.C.

Current Principal Place of Business:

330 MYRTICE AVENUE #55
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

1320 LESTER COURT
MERRITT ISLAND, FL 32952

New Mailing Address:

330 MYRTICE AVENUE #55
MERRITT ISLAND, FL 32953

FEI Number: 20-5409497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASSARO, STEVEN J
1320 LESTER COURT
MERRITT ISLAND, FL 32952 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: MGRM ( ) Delete
Name: PASSARO, STEVEN J
Address: 1320 LESTER COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete
Name: CHARMBURY, MATTHEW E
Address: 2325 BENTLEY STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete
Name: WEINBRENNER, GEORGE
Address: 196 TURTLE PLACE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN J.A. PASSARO PRES 01/19/2009

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