

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:00

DOCUMENT # L06000091151	
1. Entity Name DENNIS PITTMAN - HOME REPAIR LLC	

Principal Place of Business 401 ALPHA AVE. TALLAHASSEE, FL 32305	Mailing Address 401 ALPHA AVE. TALLAHASSEE, FL 32305
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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



05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1293242		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTMAN, DENNIS 401 ALPHA AVE. TALLAHASSEE, FL 32305		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGRM PITTMAN, DENNIS L 401 ALPHA AVE. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Alejandro Bautista 3424 Old St. Augustine rd Tall FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PITTMAN, MILLICENT 721 E TENN ST TALLAHASSEE, FL 32308 <input checked="" 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	MGRM PITTMAN, WINSTON 401 ALPHA AVE. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600128057546 05/01/08--01037--016 **138.75 <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
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
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

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:  4-1-08 528 1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #