


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/4/2007-90084-043-~~\$55.00~~-\$55.00

07 OCT 16 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L06000094390 | |  |
| 1. Entity Name CHARTIA'S HOME REMODELING AND REPAIR, LLC | | |

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|---|---|
| Principal Place of Business 7854 MATTOX AVENUE JACKSONVILLE, FL 32219 | Mailing Address 7854 MATTOX AVENUE JACKSONVILLE, FL 32219 |
|---|---|

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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 |



08212007 Chg-LLC CR2E083 (12/06)

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|-----------------------------|--|
| 4. FEI Number 20-5612976 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STEPHENS, CHARLES PERVIS <i>PERVIS</i> 7854 MATTOX AVENUE JACKSONVILLE, FL 32219 | |
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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|--|--|
| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STEPHENS, CHARLES PERVIS <i>PERVIS</i> 7854 MATTOX AVENUE JACKSONVILLE, FL 32219 <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 STEPHENS, ROBIN 7854 MATTOX AVENUE JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT

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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 606, Florida Statutes.

SIGNATURE: *Charles Pervis Stephens* 9/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #