

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000104104

1. Entity Name

EXPERT HOME SERVICES, LLC.



2007 SEP 20 PM 1:55

SECRETARY OF STATE



Principal Place of Business

11212 BEACH STROLL COURT  
FORT MYERS FL 33908

Mailing Address

P.O. BOX # 08016  
FORT MYERS FL 33908

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

11212 BEACH STROLL CT

3. Mailing Address

11212 BEACH STROLL CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

20-5790371

Applied For

Not Applicable

Zip

33908

Country

US

Zip

33908

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVID, JOSEPH A  
11212 BEACH STROLL COURT  
FORT MYERS FL 33908

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

*Joseph A. Lavid*

JOSEPH A. LAVID

9/5/07

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SMITH, GRETCHEN  
STREET ADDRESS 11212 BEACH STROLL COURT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE MGRM ☐ Delete  
NAME LAVID, JOSEPH A  
STREET ADDRESS 11212 BEACH STROLL COURT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 300109887533  
CITY-ST-ZIP 09/25/07--01024--011 \*\*50.00

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

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

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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 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

*Gretchen Smith*

GRETCHEN SMITH

9/5/07

239-482-5245

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

Date

Daytime Phone #