


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000112014

1. Entity Name
AM PM HOME SERVICES, LLC



FILED
Aug 06, 2008 08:00 AM
Secretary of State

Principal Place of Business 8002 PIERCE HARWELL ROAD PLANT CITY, FL 33565	Mailing Address 8002 PIERCE HARWELL ROAD PLANT CITY, FL 33565
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07202008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0358900

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

SMITH, KEITH C
121 NORTH COLLINS STREET
PLANT CITY, FL 33563

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE	OWNE	<input type="checkbox"/> Delete
NAME	REDD, WARREN P SR	
STREET ADDRESS	8002 PIERCE HARWELL RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	OWNE	<input type="checkbox"/> Delete
NAME	PAULA, PAULA D	
STREET ADDRESS	8002 PIERCE HARWELL RD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Warren Redd Sr. **7-20-08** **813-478-1286**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #