

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112014

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** AM PM HOME SERVICES, LLC

**Current Principal Place of Business:**

8002 PIERCE HARWELL ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

8002 PIERCE HARWELL ROAD  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 26-0358900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EAKER, PAULA D  
7611 FOUR PINES RD  
PLANT CITY, FL 33565 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:** OWNE  
**Name:** REDD, WARREN P SR  
**Address:** 8002 PIERCE HARWELL RD  
**City-St-Zip:** PLANT CITY, FL 33565

**Title:** OWNE  
**Name:** EAKER, PAULA D  
**Address:** 8002 PIERCE HARWELL RD  
**City-St-Zip:** PLANT CITY, FL 33565

I hereby 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: WARREN REDD

OWNE

04/23/2012

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