

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90220 013 ****50.00

DOCUMENT # L06000112548

1. Entity Name

JIM T'S HOME SERVICES LLC



Principal Place of Business

Mailing Address

**4036 TERN STREET
SARASOTA FL 34232**

**4036 TERN STREET
SARASOTA FL 34232**

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

3. Mailing Address

**4036 TERN ST
Suite, Apt. #, etc.**

**4036 TERN ST
Suite, Apt. #, etc.**

City & State

City & State

SARASOTA FL

SARASOTA FL

Country

Country

SARASOTA

SARASOTA

1st MOORE

CR2E083 (10/06)

4. FEI Number ?

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TELLIARD, JAMES
4036 TERN STREET
SARASOTA FL 34232**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TELLIARD, JAMES
4036 TERN STREET
SARASOTA FL 34232**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #