## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 02, 2008 08:00 All Secretary of State **DOCUMENT # L06000119950** JET HOME REPAIRS AND REMODELING, L.L.C. Principal Place of Business Mailing Address 880 BENTLEY GREEN CIRCLE 880 BENTLEY GREEN CIRCLE WINTER SPRINGS,, FL 32708 US US WINTER SPRINGS,, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINO, GERRY M Street Address (P.O. Box Number is Not Acceptable) 880 BENTLEY GREEN CIRCLE WINTER SPRINGS, FL 32708 City 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 C DATE FILE NOW!!! FEÉ IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Change ☐ Addition Detete TITLE TITI F MARINO, GERRY M NAME NAME 880 BENTLEY GREEN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 04/14/08-80056-09804983 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition: TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

**FILED** 

Devime Phone #