2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L07000000510

Entity Name: WALLACE REMODEL & REPAIR, LLC

Current Principal Place of Business:

4924 HAINES CIRCLE
ORLANDO, FL 32822 OR

New Principal Place of Business:

Current Mailing Address:

4924 HAINES CIRCLE
ORLANDO, FL 32822 OR

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALLACE, CAROL S MRS
4924 HAINES CIRCLE
ORLANDO, FL 32822 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: MR ( ) Delete
Name: WALLACE, JERRY R SR
Address: 4924 HAINES CIRCLE
City-St-Zip: ORLANDO, FL 32822 OR

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRS ( ) Change (X) Addition
Name: WALLACE, CAROL S
Address: 4924 HAINES CIRCLE
City-St-Zip: ORLANDO, FL 32822 OR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROL S WALLACE MRS 04/13/2009

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