

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 17 PM 1:35

<b>DOCUMENT # L07000004139</b> 1. Entity Name <b>JIMMY ROSS HOME IMPROVEMENTS LLC</b>			
Principal Place of Business <b>1523 ELEVENTH ST SAINT CLOUD, FL 34769</b>		Mailing Address <b>1523 ELEVENTH ST SAINT CLOUD, FL 34769</b>	
2. Principal Place of Business - No P.O. Box # <b>1990 Raymond Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>1990 Raymond Dr</b> Suite, Apt. #, etc.	
City & State <b>ST Cloud</b> Zip <b>34769</b>		City & State <b>ST Cloud</b> Zip <b>34769</b>	
Country		Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSS, JIMMY E 1523 ELEVENTH ST SAINT CLOUD, FL 34769</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Jimmy Ross</i></u> <span style="float: right;">9/14/08</span> <small>(Type, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ROSS, JIMMY E 1523 ELEVENTH ST SAINT CLOUD, FL 34769</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>900136148559</b> <b>09/19/08--01040--006 **143.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>*1. 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.</b>			
<b>SIGNATURE:</b> <u><i>Jimmy Ross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>9/14/08</b> <small>Daytime Phone #</small>	