

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004884

FILED
Apr 29, 2009
Secretary of State

Entity Name: ARTISTIC REMODELING SPECIALISTS, LLC

Current Principal Place of Business:

3928 SE 58TH AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

3928 SE 58TH AVE
OCALA, FL 34480 US

New Mailing Address:

1316 NE 7TH STREET
OCALA, FL 34470 US

FEI Number: 20-8423019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTMAS, HORACE
3928 SE 58TH AVE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

TIM, TEDDER
1316 NE 7TH STREET
OCALA, FL 34470 US

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: TIM TEDDER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHRISTMAS, HORACE N
Address: 2651 SE 40TH ST
City-St-Zip: OCALA, FL 34480 US

Title: MGR () Delete
Name: CHRISTMAS, OTIS
Address: 1560 WILMINGTON DR,
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGR () Delete
Name: TEDDER, TIM
Address: 1316 NE 7TH STREET
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES:

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

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

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

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: TIM TEDDER

MGR

04/29/2009

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