

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010723

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** MID MICHIGAN REMODELING RESTORE ALL LLC

**Current Principal Place of Business:**

5214 CHIQUITA BLVD S.  
202B  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

1405 S.E. 13TH TERRACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

183 GREENWOOD ROAD  
ALGER, M 48610

**New Mailing Address:**

**FEI Number:** 38-3471877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINDER, KEVIN E  
5214 CHIQUITA BLVD S.  
202B  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

WINDER, KEVIN E  
1405 S.E. 13TH TERRACE  
CAPE CORAL, FL 33990 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KEVIN E. WINDER  
Address: 2210 S W THIRD P.L.  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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: KEVIN WINDER

MGR

04/30/2009

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