


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000013589</b>	
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1. Entity Name  
BAKER'S HOME IMPROVEMENTS, LLC

FILED

08 SEP 25 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3749D GULF BREEZE PARKWAY, #231 GULF BREEZE, FL 32563	Mailing Address 3749D GULF BREEZE PARKWAY, #231 GULF BREEZE, FL 32563
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09162008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

41-2227291

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, ERIC W  
2790 VILLA WOODS CIRCLE  
GULF BREEZE, FL 32563

Name Eric W. Baker

Street Address (P.O. Box Number is Not Acceptable)

8205 Seaside Hwy. Apt. A

City

Pensacola

FL

Zip Code

32514

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAKER, ERIC W	
STREET ADDRESS	2790 VILLA WOODS CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BAKER, STEVEN M	
STREET ADDRESS	1698 COLLEGE PARKWAY	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:** ERIC W. Baker *Eric W. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-16-08

Date

850-375-7251

Daytime Phone #