

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034584

**FILED**  
**Mar 23, 2008**  
**Secretary of State**

**Entity Name:** LARRY'S CUSTOM HOME REPAIRS LLC

**Current Principal Place of Business:**

41 FENMORE LN  
PALM COAST, FL 32137

**New Principal Place of Business:**

41 FENIMORE LN  
PALM COAST, FL 32137

**Current Mailing Address:**

P.O. BOX 353413  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 36-4605702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JACKSON, ARTHUR  
2285 E. HWY 100 STE 100  
BUNNELL, FL 32110      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:** MGRM      ( ) Delete  
**Name:** SEXTON, LARRY  
**Address:** 41 FENMORE LN  
**City-St-Zip:** PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** SEXTON, LARRY  
**Address:** 41 FENIMORE LN  
**City-St-Zip:** PALM COAST, FL 32137

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:** LARRY SEXTON

MGRM

03/23/2008

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