

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034584

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

41 FENIMORE LN  
PALM COAST, FL 32137

**New Principal Place of Business:**

**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 ( )**

**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:**

JACKSON, ARTHUR  
1 FLORIDA PARK DRIVE SOUTH  
PALM COAST, FL 32137 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:**

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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:** LARRY SEXTON

MGRM

03/09/2009

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