## 2008 LIMITED LIABILITY COMPANY

SIGNATURE:

## Sep 09, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L07000035139** 09-09-2008 90031 038 \*\*\*538.75 HALL REPAIR, LLC Principal Place of Business Mailing Address 255 TANNER STREET **255 TANNER STREET** NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08012008 Chg-LLC CR2E083 (12/06) City & State City & State 4, FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) **255 TANNER STREET** NEW SMYRNA BEACH, FL 32168 City Zip Code 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 \$538.75 Due by September 12, 2008 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition TITLE ☐ Defete HALL, CHRISTOPHER NAME **255 TANNER STREET** STREET ADDRESS STREET ADORESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition mre Delete mr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition MIF ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS 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 legisla 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.

FILED