

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90078 035 ***138.75

DOCUMENT # L07000035206					
1. Entity Name NORTH FLORIDA HOME IMPROVEMENTS LLC.					
Principal Place of Business 710 W 10TH AVE TALLAHASSEE, FL 32303			Mailing Address 710 W 10TH AVE TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # 710 W. 10TH AVE.		3. Mailing Address 710 W. 10TH AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL.		City & State Tallahassee, FL.			
Zip 32303		Zip 32303			
Country U.S.		Country U.S.		01072008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 06-181104				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLETIER, MICHAEL S 710 W 10TH AVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name: <u>Michael Pelletier</u> Street Address (P.O. Box Number is Not Acceptable): <u>710 W. 10th Ave.</u> City: <u>Tallahassee</u> FL Zip Code: <u>32303</u>		
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:				DATE: <u>4-25-08</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PELLETIER, MICHAEL 710 W 10TH AVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date: <u>4-25-08</u> Daytime Phone #:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					