

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000043570

FILED
Jul 28, 2009
Secretary of State**Entity Name:** DMS HOME IMPROVEMENTS, LLC**Current Principal Place of Business:**38719 RIVER ROAD
DADE CITY, FL 33525 US**New Principal Place of Business:****Current Mailing Address:**38719 RIVER ROAD
DADE CITY, FL 33525 US**New Mailing Address:****FEI Number:** 20-8910002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLLURA, STEVEN R
38719 RIVER ROAD
DADE CITY, FL 33525 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: COLLURA, STEVEN R
Address: 38719 RIVER ROAD
City-St-Zip: DADE CITY, FL 33525 US**Title:** MGRM () Delete
Name: FLANNERY, MICHAEL L
Address: 34425 TRANQUIVIEW LANE
City-St-Zip: DADE CITY, FL 33523 US**Title:** MGRM (X) Delete
Name: JAYNE, DAVID L
Address: 34791 EVERGREEN WAY
City-St-Zip: RIDGE MANOR, FL 335238808 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: MICHEAL FLANNERY

MANG

07/28/2009

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