

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043570

**FILED**  
**Apr 28, 2011**  
**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  
**Name:** COLLURA, STEVEN R  
**Address:** 38719 RIVER ROAD  
**City-St-Zip:** DADE CITY, FL 33525 US

**Title:** MGRM  
**Name:** FLANNERY, MICHAEL L  
**Address:** 34425 TRANQUIVIEW LANE  
**City-St-Zip:** DADE CITY, FL 33523 US

I hereby 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:** STEVEN COLLURA

MGRM

04/28/2011

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