


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-01-2008 90028 019 ***138.75

DOCUMENT # L07000054920			
1. Entity Name SHEETS REPAIR, LLC			
Principal Place of Business 13436 S. MCGILL RD., UNIT 16/FMB PORT CHARLOTTE, FL 33081-6421		Mailing Address PO BOX 281 OLDSMAR, FL 34677	
2. Principal Place of Business - No P.O. Box # 508 LIMETREE DR		3. Mailing Address Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLDSMAR FL		City & State	
Zip 34677	Country USA	Zip	Country
4. FEI Number 26-0222073		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		7. Name and Address of New Registered Agent	
SHEETS, KEITH 508 LIMETREE DRIVE OLDSMAR, FL 34677		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
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	MGR SHEETS, KEITH 508 LIMETREE DRIVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>X Keith Sheets</i>		Date: <i>X 4-27-08</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30009192



04282008 Chg-LLC CR2E083 (12/06)

ATTACHMENT

SHEETS REPAIR, LLC
PO Box 281
Oldsmar, FL 34677

30009192
#L07000054920

June 9, 2008

Florida Dept. of Revenue
PO Box 6478
Tallahassee, FL 32314

Re: Sheets Repair, LLC

Dear Sirs:

This letter is in response to your notice dated May 14, 2008, attached.

Per your notice, enclosed is completed annual report with FEI number provided in box 4.

Now that all the information has been provided, please file the report accordingly.

Apologies for the oversight. Your cooperation in this matter is appreciated.

If you have any further questions regarding this matter, please feel free to contact me.

Thank you.

Sincerely,

SHEETS REPAIR, LLC

Keith Sheets