2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

08 APR 28 AM 8: 36 **DOCUMENT # L07000066707** HOME REPAIR & IMPROVEMENT SERVICES LLC SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1640 FLINT RIDGE LN 1640 FLINT RIDGE LN TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Country Country Zip Zio \$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 AIAD, HELMY M Street Address (P.O. Box Number is Not Acceptable) 1640 FLINT RIDGE LN TALLAHASSEE, FL 32312 City Zip Code FL 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 A signature rec d when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Defete TITEF Change Change ■ Addition AIAD, HELMY M NAME NAME STREET ADDRESS 1640 FLINT RIDGE LN STREET ADDRESS CITY-ST-78P TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 300126236713 04/28/08--01005--014 **138.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date