

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90069 003 ***138.75

DOCUMENT # L07000074388

1. Entity Name
HOME REPAIRS BY KEITH, L.L.C.



Principal Place of Business
~~3221 WOODWIND PLACE~~
PENSACOLA, FL 32504

Mailing Address
~~3221 WOODWIND PLACE~~
~~PENSACOLA, FL 32504~~

5067 Crestwood Dr.

2. Principal Place of Business - No P.O. Box #
5067 Crestwood Dr.
Suite, Apt. #, etc.

3. Mailing Address
5067 Crestwood Dr.
Suite, Apt. #, etc.



02112008 Chg-LLC CR2E083 (12/06)

City & State
Pensacola, FL
Zip
32503
Country
ESC.

City & State
Pensacola, FL
Zip
32503
Country
ESC.

4. FEI Number
26-0550431
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGEE, KEITH
3221 WOODWIND PLACE
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

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 *Keith Magee*

(NOTE: Registered Agent signature required when reinstating)

DATE *2/17/08*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAGEE, KEITH
3221 WOODWIND PLACE
PENSACOLA, FL 32504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Keith Magee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE *2/17/08* 850-380-2964
Daytime Phone #