

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096456

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALL-AMERICAN HOME REPAIRS, LLC

Current Principal Place of Business:

711 UNDERWOOD AVENUE
#103B
PENSACOLA, FL 32504 US

New Principal Place of Business:

11521 DUELING OAKS DR.
PENSACOLA, FL 32514 US

Current Mailing Address:

711 UNDERWOOD AVENUE
#103B
PENSACOLA, FL 32504 US

New Mailing Address:

11521 DUELING OAKS DR.
PENSACOLA, FL 32514 US

FEI Number: 26-1127650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, SEAN J
711 UNDERWOOD AVENUE
#103B
PENSACOLA, FL 32504 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: YOUNG, SEAN J
Address: 711 UNDERWOOD AVENUE #103B
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Delete
Name: LITTLEFIELD, MICHAEL
Address: 711 UNDERWOOD AVENUE #101D
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YOUNG, SEAN J
Address: 11521 DUELING OAKS DR.
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM (X) Change () Addition
Name: LITTLEFIELD, MICHAEL
Address: 8235 GILEAD CT.
City-St-Zip: PENSACOLA, FL 32534 US

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: SEAN YOUNG

MGRM

04/28/2009

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