

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119764

FILED
Aug 18, 2008
Secretary of State

Entity Name: JOHNNY'S GARAGE DOOR SERVICES, LLC

Current Principal Place of Business:

10207 ALTA VISTA AVENUE
APT. 304
TAMPA, FL 33647

New Principal Place of Business:

18029 TROPICAL COVE DR
TAMPA, FL 33647

Current Mailing Address:

10207 ALTA VISTA AVENUE
APT. 304
TAMPA, FL 33647

New Mailing Address:

18029 TROPICAL COVE DR
TAMPA, FL 33647

FEI Number: 25-1588115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, JONATHAN W
10207 ALTA VISTA DRIVE
APT. 304
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

RICHARDSON, JONATHAN W
18029 TROPICAL COVE DR
TAMPA, FL 33647 US

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:

08/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDSON, JONATHAN W
Address: 10207 ALTA VISTA AVENUE, APT. 304
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHARDSON, JONATHAN W
Address: 18029 TROPICAL COVE DR
City-St-Zip: TAMPA, FL 33647

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: JONATHAN RICHARDSON

MGRM

08/18/2008

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