

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008655

FILED
Mar 16, 2009
Secretary of State

Entity Name: TOTAL HOME IMPROVEMENT OF WEST CENTRAL FLORIDA, LLC.

Current Principal Place of Business:

6549 FREEPORT DRIVE
SPRING HILL, FL 34608 US

New Principal Place of Business:

2043 TURNER STREET
CLEARWATER, FL 33764 US

Current Mailing Address:

6549 FREEPORT DRIVE
SPRING HILL, FL 34608 US

New Mailing Address:

2043 TURNER STREET
CLEARWATER, FL 33764 US

FEI Number: 26-1839567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARAKAL, GRAHAM C
6549 FREEPORT DRIVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

HARAKAL, GRAHAM C
2043 TURNER STREET
CLEARWATER, FL 33764 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: GRAHAM C HARAKAL

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARAKAL, GRAHAM C
Address: 6549 FREEPORT DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARAKAL, GRAHAM C
Address: 2043 TURNER ST
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM () Change (X) Addition
Name: HARAKAL, LAURA C
Address: 2043 TURNER STREET
City-St-Zip: CLEARWATER, FL 33764

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: LAURA CASSON-HARAKAL

MGRM

03/16/2009

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