

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011803

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: BARTON HOME REPAIRS, LLC

**Current Principal Place of Business:**

10310 BECKUM ROAD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

10310 BECKUM ROAD  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number: 90-0346329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARTON, ROBERTO  
10310 BECKUM ROAD  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

BARTON, ROBERT E  
10310 BECKUM ROAD  
DADE CITY, FL 33525 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: ROBERT E BARTON

01/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARTON, ROBERT  
Address: 10310 BECKUM ROAD  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARTON, ROBERT E  
Address: 10310 BECKUM ROAD  
City-St-Zip: DADE CITY, FL 33525

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: ROBERT E BARTON

P

01/29/2009

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