

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040362

FILED
Feb 05, 2009
Secretary of State

Entity Name: AAA REMODEL & REPAIR, LLC

Current Principal Place of Business:

11905 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 18902
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, ALLEN A
103 SEACLUSION CIR.
PANAMA CITY BEACH, FL 32413 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: HAND, ALLEN A
Address: 103 SEACLUSION CIR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: KILGORE, JAMES W
Address: 11905 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM () Delete
Name: BARBER, DAVID R
Address: 918 PELICAN PLACE
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, RAYMOND B
Address: 11905 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: ALLEN A. HAND

MGRM

02/05/2009

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