

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050259

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** TOTAL HOME AND BUSINESS REPAIR, LLC.

**Current Principal Place of Business:**

2549 FLAMINGO LANE  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 720  
FT. LAUDERDALE, FL 33302 US

**New Mailing Address:**

2549 FLAMINGO LANE  
FT. LAUDERDALE, FL 33312 US

**FEI Number:** 20-2655058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JOHNNNA  
2549 FLAMINGO LANE  
FT. LAUDERDALE, FL 33312 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: CAMPBELL, JOHNNNA  
Address: 200 SW 2ND STREE SUITE A  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAMPBELL, JOHNNNA  
Address: 2549 FLAMINGO LANE  
City-St-Zip: FT. LAUDERDALE, FL 33312 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:** JOHNNNA CAMPBELL

MGRM

03/19/2009

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