2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# L08000051021

Entity Name: STEVE'S TOTAL REMODELING, LLC

Current Principal Place of Business:

6734 EL CAMINO PALOMS STREET
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

6734 EL CAMINO PALOMS STREET
PORT RICHEY, FL 34668

New Mailing Address:

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

Name and Address of Current Registered Agent:

MULKEY, SONYA L
6734 EL CAMINO PALOMS STREET
PORT RICHEY, FL 34668 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: MULKEY, STEVEN P
Address: 6734 EL CAMINO PALOMS STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete
Name: MULKEY, SONYA L
Address: 6734 EL CAMINO PALOMS STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete
Name: MULKEY, SONYA L
Address: 6734 EL CAMINO PALOMS STREET
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

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

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

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

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: SONYA L. MULKEY MGRM 02/08/2009

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