

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052765

FILED
May 01, 2009
Secretary of State

Entity Name: FIRST COAST HOME REPAIRS, LLC

Current Principal Place of Business:

226-5 SOLANA ROAD
SUITE 182
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

6 FAIRFIELD BLVD
SUITE 10
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

226-5 SOLANA ROAD
SUITE 182
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

6 FAIRFIELD BLVD
SUITE 10
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-2689326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEEKIN, ROBERT A JR.
50 NORTH LAURA STREET
1600
JACKSONVILLE, FL 32202 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: HARRIS, JESSE R
Address: 3505 CLARIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32250 US

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

ADDITIONS/CHANGES:

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

Title: SEC () Change (X) Addition
Name: WALDROP, JENNIFER W
Address: 532 LAKE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 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: JENNIFER W WALDROP

SEC

05/01/2009

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