

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066319

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNITED HOME MECHANIX LLC

## Current Principal Place of Business:

15110 TIMBER VILLAGE RD.  
GROVELAND, FL 34736 LK

## New Principal Place of Business:

## Current Mailing Address:

15110 TIMBER VILLAGE RD.  
GROVELAND, FL 34736 LK

## New Mailing Address:

FEI Number: 26-2954867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAUX, GEORGE  
15110 TIMBER VILLAGE RD.  
GROVELAND, FL 34736 LK 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: FAUX, GEORGE  
Address: 15110 TIMBER VILLAGE RD.  
City-St-Zip: GROVELAND, FL 34736 LK

Title: MGRM ( ) Delete  
Name: FLANNERY, TARA  
Address: 1012 SANTA BARBARA RD  
City-St-Zip: ORLANDO, FL 32808 OR

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

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: WINGFIELD, KASEY  
Address: 15110 TIMBER VILLAGE RD  
City-St-Zip: GROVELAND, FL 34736 LK

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: GEORGE FAUX

MGRM

04/30/2009

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