

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094923

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** JFT HOME REPAIRS & IMPROVEMENTS, LLC

**Current Principal Place of Business:**

4510 CRAVEN ROAD, WEST  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8787  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

**FEI Number:** 26-3536399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, ROBERT L III  
2549 WEDGEFIELD RD.  
JACKSONVILLE, FL 32211 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: TURNER, ROBERT L III  
Address: 2549 WEDGEFIELD RD.  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGR ( ) Delete  
Name: CRAVEN, WALTER  
Address: 4510 CRAVEN ROAD, WEST  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES:**

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:** ROBERT TURNER

MGMR

03/02/2009

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