

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026809

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HOME CARE & REPAIR SERVICE LLC.

**Current Principal Place of Business:**

4641 SW. HAMMOCK CREEK DR.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4641 SW. HAMMOCK CREEK DR.  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CRAFTON, CHARLES V  
4641 SW. HAMMOCK CREEK DR.  
PALM CITY, FL 34990 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: MGR  
Name: CRAFTON, CHARLES V  
Address: 4641 SW. HAMMOCK CREEK DR.  
City-St-Zip: PALM CITY, FL 34990

I hereby 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: CHARLES V. CRAFTON

MGR

03/26/2012

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