

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047249

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** COLONIAL HOME IMPROVEMENT SERVICES,LLC

**Current Principal Place of Business:**

4700 SW 51ST. ST.  
#207  
DAVIE, FL 33314 US

**New Principal Place of Business:**

10163 NW 46TH ST  
SUNRISE, FL 33351 US

**Current Mailing Address:**

4700 SW 51ST. ST.  
#207  
DAVIE, FL 33314 US

**New Mailing Address:**

10163 NW 46TH ST  
SUNRISE, FL 33351 US

**FEI Number:** 27-0186583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKINSON, FRANK D  
1251 SW 67TH TERR.  
PLANTATION, FL 33317 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: DICKINSON, FRANK D  
Address: 1251 SW 67TH TERR.  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR  
Name: DICKINSON, CAROL S  
Address: 1251 SW 67TH TERR.  
City-St-Zip: PLANTATION, FL 33317 US

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: FRANK D. DICKINSON

PRES

06/17/2010

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