

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048829

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** MOHAMED'S INSTALLATIONS AND REPAIRS LLC

**Current Principal Place of Business:**

416 CRAB TREE AVE  
ORLANDO, FL 32835

**New Principal Place of Business:**

214 RED ROSE CIRCLE  
ORLANDO, FL 32835

**Current Mailing Address:**

416 CRAB TREE AVE  
ORLANDO, FL 32835

**New Mailing Address:**

214 RED ROSE CIRCLE  
ORLANDO, FL 32835

**FEI Number:** 30-0384584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SALIMOHAMED, MOHAMED S  
416 CRAB TREE AVE  
ORLANDO, FL 32835 US

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

SALIMOHAMED, MOHAMED S  
214 RED ROSE CIRCLE  
ORLANDO, FL 32835 US

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:

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SALIMOHAMED, MOHAMED S  
Address: 214 RED ROSE CIRCLE  
City-St-Zip: ORLANDO, FL 32835

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: MOHAMED SALIMOHAMED

MGRM

04/12/2010

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