

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055631

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** ALL ANGLES HOME REPAIRS LLC

**Current Principal Place of Business:**

303 SABAL PALM  
NICEVILLE, FL 32578

**New Principal Place of Business:**

115B MONTROSE DRIVE  
NICEVILLE, FL 32578

**Current Mailing Address:**

303 SABAL PALM  
NICEVILLE, FL 32578

**New Mailing Address:**

P.O. 1066  
NICEVILLE, FL 32588

**FEI Number:** 27-0328534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARRISON, LUCAS C  
303 SABAL PALM  
NICEVILLE, FL, FL 32578 US

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

GARRISON, LUCAS C  
115B MONTROSE DRIVE  
NICEVILLE, FL 32578 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:** LUCAS C. GARRISON

02/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** GARRISON, LUCAS C  
**Address:** P.O. BOX 1066  
**City-St-Zip:** NICEVILLE, FL 32588

**Title:** VP  
**Name:** DAVIS, MELISA  
**Address:** P.O. BOX 895  
**City-St-Zip:** NICEVILLE, FL 32588

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:** LUCAS C. GARRISON

P

02/03/2010

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