

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-02-2007 90433 006 *****5.00
04-11-2007 90156 001 *****50.00

DOCUMENT # L99000006872

1. Entity Name

TOTAL HOME IMPROVEMENT SERVICES, LLC



Principal Place of Business

Mailing Address

2587 BOTTOMRIDGE DR
ORANGE PARK FL 32065

2587 BOTTOMRIDGE DR
ORANGE PARK FL 32065



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILKE, WAYNE B
2587 BOTTOMRIDGE DR
ORANGE PARK FL 32065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SCHILKE, WAYNE B	2587 BOTTOMRIDGE DRIVE	ORANGE PARK FL 32065							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Wayne B. Schilke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WAYNE B. SCHILKE 3-16-07 (1-904) 955-2827

ATTACHMENT

60035000

#L99000006872

TOTAL HOME IMPROVEMENT SERVICES, LLC

PH. 904-955-2827
2587 BOTTOMRIDGE DR.
ORANGE PARK, FL 32065

1499

83-2/RSO
BRANCH 0002

Date 3-16-07

Pay to the Order of FLORIDA DEPARTMENT OF STATE \$ 5.

FIVE DOLLARS AND 00/100 Dollars



WACHOVIA

Wachovia Bank, N.A.
ACH R/T 083000021

CORPORATE AND RETAIL FILING
159-3603983
HUR AND CANTIFFER

[Signature]