2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002209

1. Entity Name

HOME DYNAMICS SIENNA, LLC

FILED

01 FEB 19 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7954 PINES BLVD PEMBROKE PINES FL 33024	7954 PINES BLVD PEMBROKE PINES FL 33024

2. Principal Place of Business	3. Mailing Address
4788 W. Commercial Blvd.	4788 W. Commercial Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Florida	City & State: Tamarac, Florida
Zip: 33319 Country: US	Zip: 33319 Country: US

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHACK, EDWARD J
7954 PINES BLVD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member David Schack 4788 W. Commercial Blvd. Tamarac, Florida 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 1-15-01 954-4844800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)