


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103514 1. Entity Name HOUSEHOLD LIQUIDATORS, LLC	
--	---

Principal Place of Business 1350 S SALFORD BLVD. NORTH PORT FL 34287 US	Mailing Address 1350 S SALFORD BLVD. NORTH PORT FL 34287 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	20-3687191
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

1st MOORE CR2E083 (10/06)

Zip	Country	Zip	Country
-----	---------	-----	---------

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

6. Name and Address of Current Registered Agent

HENRY, MELISSA A
1550 S. SALFORD BLVD
NORTH PORT FL 34287

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

SIGNATURE _____ (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	MGRM HENRY, MELISSA A 1350 S. SALFORD BLVD. NORTH PORT FL 34287	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000611922 02/02/07-80084-018 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UMBERG, PATRICIA K 8831 CARLTON CT. NORTH PORT FL 34287	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: Melissa A. Henry MGRM Date: 1-29-07 Daytime Phone #: 941-223-5357