

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019126

FILED
Sep 17, 2009
Secretary of State

Entity Name: HAVEN HOME SOLUTIONS LLC

Current Principal Place of Business:

187 AVENUE D NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P O BOX 1621
WINTER HAVEN, FL 33882

New Mailing Address:

187 AVENUE D NW
WINTER HAVEN, FL 33881

FEI Number: 26-2298450 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAKE HOWARD CORPORATION
187 AVENUE D NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: BAERHOLD, CARL D
Address: 1561 N. LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGMR () Delete
Name: KOSTIC, CAROL
Address: 1561 N. LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: BAUER, DAVID J
Address: 1561 N. LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROL KOSTIC

MGMR

09/17/2009

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