

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050193

Entity Name: HOME SERVICES OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1203 PINE CIRCLE
MACCLENNY, FL 32063

Current Mailing Address:

521 RIVER ST
DELANO, MN 55328 US

FEI Number: 74-3125789

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASIK, KEVIN M
1203 PINE CIRCLE
MACCLENNY, FL 32063 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name WASIK, KEVIN M
Address 1203 PINE CIRCLE
City-State-Zip: MACCLENNY FL 32063

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WASIK, KEVIN, M

MGRM

08/05/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date