

**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  
MACCLENLY, 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  
MACCLENLY, 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: MACCLENLY 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