

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005026

**Entity Name:** EXTREME HOME SERVICES, LLC

**Current Principal Place of Business:**

6039 WEST ROBINSON ST.  
ORLANDO, FL 32835

**Current Mailing Address:**

6039 WEST ROBINSON ST.  
ORLANDO, FL 32835

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DESIMONE, MICHAEL T  
6039 WEST ROBINSON ST.  
ORLANDO, FL 32835 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 MGR  
Name DESIMONE, MICHAEL T  
Address 6039 WEST ROBINSON ST.  
City-State-Zip: ORLANDO FL 32835

*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:** MICHAEL T. DESIMONE

OWNER / MANAGER

01/08/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date