

**20 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000011499

1. Entity Name  
HOME DYNAMICS LIBERTY, LLC



Principal Place of Business  
4788 WEST COMMERCIAL BLVD.  
TAMARAC, FL 33319

Mailing Address  
4788 WEST COMMERCIAL BLVD.  
TAMARAC, FL 33319

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1121859	Applied For Not Applicable
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5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STREIT, THOMAS E  
222 LAKEVIEW AVENUE, SUITE 400  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACK, DAVID 4788 W COMMERCIAL BLVD TAMARAC, FL 33319
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01/22/07-80055-015 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/07 954-484-4800 x10