

5/8/

FILED
Aug 06, 2002 8:00 am
Secretary of State

05-08-2002 90085 044 ****50.00

**LIMITED LIABILITY COMPANY-
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L010000012176

1. Entity Name

Home Owners Solutions**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1705 Sanderling CT

Suite, Apt. #, etc.

3. Mailing Address

1705 Sanderling CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

59-3754369

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Ariel Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

1705 Sanderling CTCity BrandonFLZip Code 33511**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.

SIGNATURE

Signature, type or print name of registered agent and title if applicable

6/24/02
DATE**FEE IS \$50.00.****Make Check Payable to Department of State
DUE BY MAY 1.**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing member</u> <u>Ariel Rodriguez</u> <u>1705 Sanderling CT</u> <u>Brandon FL 33511</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/24
Date(813) 672-2700
Daytime Phone #

May 15, 2002

HOME OWNERS SOLUTIONS LLC
1705 SANDERLING CT.
BRANDON, FL 33511

SUBJECT: HOME OWNERS SOLUTIONS LLC
Ref. Number: L01000012176

Attachment 40663
FEI# L01000012176

59-3754369



Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

~~Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box.~~

+ NEXT, - PREV, 1. MENU, 2. FILING

7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST

ENTER SELECTION AND CR:

If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

REGISTRATION SECTION

Letter number: 702A00031609

/vrm

Division of Corporations - P.O. BOX 6478 -Tallahassee, Florida

+ NEXT, - PREV, 1. MENU, 2. FILING

7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST

ENTER SELECTION AND CR: