LIMITED LIABILITY COMPANY

FILED Mar 24, 2002 8:00 am

- Sin 102			. (0.		\neg	Secr	etary c	of State	
DOCUMENT # L01000022711 1. Entity Name						Secretary of State 03-24-2002 90035 044 ****50.00			
FINE HOME SERVICES, LLC									
DO NOT WRITE IN THIS SPACE						933257			
2. Principal Place of Business 3162 ESPANOLA DR 3. Mailing Address 3.62 ESPANOLA DR 3. Mailing Address									
3162 ESPAN≎LA DR SAME Suite, Apt. #, etc. Suite, Apt. #, etc.					-	DO NOT WRITE IN THIS SPACE			
					<u> </u>	A SELVINOR			
City & State SARA SOTA FL.			,	75 - 2993826 Not Applica					
Zip 34239	Zip Zip Zip Zip Zip		Country		5. Cert	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Ness		and Address of C	urrent Registere	d Agent	
DO NOT WRITE					POLAND KUSHMORE				
<u> </u>					Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				3182 ESPANOLA UR					
				City SM	RASOT	A '	FL	Zip Code	
8. The above named of	entity submits this statement fo	or the purpose of changing its	s registere	ed office or regi	stered agent,	or both, in the Stat	e of Florida.		
SIGNATURE	cond a served point of conintered exert	and title if applicable					DATE		
Make Check Payal				\$50.00 Departmen	t of State				
9.	MANAGING MEMBE	RS/MANAGERS							
MGRM DALAGE KINGTHMORE				-					
NAME RO				ET ADDRESS				1	
CITY-ST-ZIP S	ARASOTA FL	34239	CITY-	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				į,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				į.		DO NO	T WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS ST-ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				ŀ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t the information supplied with		CITY-	ET ADDRESS ST-ZIP	Castia	27(0)(1) 51-11-21			

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 OF PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE