2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90068 043 ****50.00

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DOCUMENT # L02000010238

1. Entity Name
HOUSING SOLUTIONS OF FLORIDA, LLC

Principal Place of Business	Mailing Address
5200 CENTRAL AVE. NORTH ST. PETERSBURG, FL 33707	P.O. BOX 270233 TAMPA, FL 33688-0233

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2617 Cove Cay Drive		PO Box 270233	
Suite, Apt. #, etc. #408		Suite, Apt. #, etc.	
City & State: Clearwater FL		City & State: Tampa FL	
Zip: 33760	Country: USA	Zip: 33688-0233	Country: USA

4. FEI Number: 020583522 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONROSE, NINA 5200 CENTRAL AVE. NORTH ST. PETERSBURG, FL 33707	Name: Trina Carroll-Houk Street Address (P.O. Box Number is Not Acceptable): 2617 Cove Cay Drive #408 City: Clearwater FL Zip Code: 33760

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: Trina Carroll-Houk President + Managing Member 5-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARROLL-HOUK, TRINA PO BOX 270233 TAMPA, FL 336880233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: Trina Carroll-Houk 5-14-03 813-948-2950 ok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

813-731-3898