

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013374

**FILED**  
**Sep 09, 2004**  
**Secretary of State**

**Entity Name:** GUARANTEED HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

9801 OCASTA ST.  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11705 BOYETTE RD #175  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 46-0507269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, MICHELLE L  
9801 OCASTA ST.  
RIVERVIEW, FL 33569 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HILL, MICHELLE L  
Address: 11705 BOYETTE RD #175  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MICHELLE L. HILL

MGR

09/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date