

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90095 023 \*\*\*\*55.00

**DOCUMENT # L02000017974**

1. Entity Name  
**HOME SWEET, LLC**



Principal Place of Business  
**2340 N.W. 29TH STREET  
FT. LAUDERDALE, FL 33311**

Mailing Address  
**2340 N.W. 29TH STREET  
FT. LAUDERDALE, FL 33311**

00051415



**DO NOT WRITE IN THIS SPACE**

03162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**35-2216827**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**GRISHAM, CLARENCE J  
2340 N.W. 29TH STREET  
FT. LAUDERDALE, FL 33311**

**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	MGR GRISHAM, CLARENCE 2340 NW 29 ST FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, HAZEL 2340 NW 29 ST FT LAUDERDALE, FL 33311
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**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:** Clarence Grisham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/20/07  
Date

Daytime Phone # \_\_\_\_\_