

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018650 1. Entity Name HOMELAND SOLUTIONS, LLC					
Principal Place of Business 997 W. KENNEDY BLVD., A25 ORLANDO FL 32810			Mailing Address 997 W. KENNEDY BLVD., A25 ORLANDO FL 32810		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country			
4. FEI Number 04-3704811				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVELLE, PATRICIA 997 W. KENNEDY BLVD., A25 ORLANDO FL 32810			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAPLAN, BERNARD 997 W KENNEDY BLVD A25 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000016155 01/28/04-80042-016 55.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVELLE, PATRICIA 997 W KENNEDY BLVD A25 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVELLE, PATRICIA 997 W KENNEDY BLVD A25 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: _____ <i>[Signature]</i> 1/22/04 <i>[Signature]</i>					