FILED
Mar 31, 2003 8:00 am
Secretary of State
01-29-2003 90056 025 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031152

1. Entity Name
HOME DYNAMICS WELLINGTON, LLC

Principal Place of Business	Mailing Address
4788 WEST COMMERCIAL BLVD. TAMARAC FL 33319	4788 WEST COMMERCIAL BLVD. TAMARAC FL 33319

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-3666224 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHACK, EDWARD J
23164 SANDALFOOT PLAZA DR.
BOCA RATON FL 33428

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 ____________________
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 DAVID SCHACK 4788 W COMMERCIAL BLVD TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED 1/03/02 954-484-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment #

Home Dynamics
Corporation

March 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Entity Name: Home Dynamics Wellington, LLC
Document #: L02000031152 S80206S6

To Whom It May Concern:

Please be advised we inadvertently over paid on the attached Uniform Business Report. Please refund $100.00 to Home Dynamics Corp. 4788 W. Commercial Blvd., Tamarac, FL 33319.

If you have any questions please feel free to contact me at 954-484-4800 X 15.

Thank you in advance for your cooperation in this matter.

Sincerely,

Sandra Goulston

Sandra Goulston
Controller

4788 West Commercial Boulevard, Tamarac, FL 33319 • Phone (954) 484-4800, Fax (954) 484-8787
www.homedynamics.com