


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L02000034425					
1. Entity Name HOME SPECIALISTS, LLC					
Principal Place of Business 3862 SE FAIRWAY WEST STUART FL 34997			Mailing Address 3862 SE FAIRWAY WEST STUART FL 34997		
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 04-3772692	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACRES, GARY 3862 SE FAIRWAY WEST STUART FL 34997			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES		
NAME	ACRES, CHAD		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3862 SE FAIRWAY WEST		NAME		
CITY - ST - ZIP	STUART FL 34997		STREET ADDRESS		
			CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACRES, AARON		NAME		
STREET ADDRESS	3862 SE FAIRWAY WEST		STREET ADDRESS		
CITY - ST - ZIP	STUART FL 34997		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E083 (10/05)

4. FEI Number **04-3772692**

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

**ACRES, GARY
3862 SE FAIRWAY WEST
STUART FL 34997**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State **FL** Zip Code

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACRES, CHAD	
STREET ADDRESS	3862 SE FAIRWAY WEST	
CITY - ST - ZIP	STUART FL 34997	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACRES, AARON	
STREET ADDRESS	3862 SE FAIRWAY WEST	
CITY - ST - ZIP	STUART FL 34997	
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		

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04/06/06-80055-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/06