2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 31, 2004 8:00 am Secretary of State

ANNOAL REPORT							~ B 7	0.00	
DOCUMENT # L0300006952 1. Enlity Name TAMPA HOME SOLUTIONS, LLC						Secretary of State 08-31-2004 90031 049 ****50.00			
Principal Place	e of Business	Mailing Address	·····						
15420 LIVINGSTON AVE. #1117 LUTZ, FL 33559		15420 LIVINGSTON AVE. #1117 LUTZ, FL 33559							
					l	I INDUNIA DA I			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08192004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numbe	·		optied For of Applicable	
Zip	Country	Country Zip C				5. Certificate	of Status Desired	S5.00 Add Fee Require	Iltional : .
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
DAME OF	CDLIANI M			Name		•			-
DAVIS, STEPHANI-M 15420 LIVINGSTON AVE. #1117 LUTZ, FL 33559			us.	Street Address (P.O. Box Number is Not Acceptable)					
	,		- City-			FL Zip Code			
	named entity submits this statement for	the purpose of changing its	egisten	ed office or	registere	ed agent; or both	h, in the State of Flo	orida. 1 am familiar with,	and accept
n to oungain	ions or registered agent.		/_				\mathcal{L}	11Q /NU	
SIGNATURE.	Signature, typed or printed name of regulated agent a	nd title tapplicable. (NOTE	Registere	d Agent eignatu	re required	when reinstating)		-DATE	
Filing Fee is \$50.00 Due by September 8, 2004							N 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te check payable to a Department of Stat	
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES	
TIFLE		🗖 Delete	TITU	E	WOV	ager m	(GR)	☐ Change	Addition
NAME STREET ADDRESS			NAM	E Etadoress	Sico.	USTUI TOOM	Ston Ave #	דוון	
CITY-ST-ZIP				-ST-ZIP	1042				
TITLE					LUT	2 - 61 - 9	23659		
NAME		☐ Delete	TITL		4u7	3, FL	16R) 15 stm Ave # 33SS 9	Change	☐ Addition
TOTAL .		☐ Delete	TITL NAM	E	LUT	5, Fr	33SS 9	Change	☐ Addition
STREET ADDRESS		☐ Delete	NAM STRE	E E Et adoress	4u7	Z, FL	33 <u>55</u> 9	Change	Addition
STREET ADDRESS City-St-Zip			NAM Stre City	E Et address - St-zip	4U7	3, FL	33SS 9	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete □ Delete	NAM STRE CITY TITL	E Et adoress - ST- ZIP	LUT	₹, FL	33 <u>6</u> 59	Change	Addition
STREET ADDRESS City-St-Zip			HAM STRE CITY TITL HAM	E Et adoress - ST- ZIP	LUT	₹, FL	33 <u>6</u> 59	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAM STRE CITY TITL HAM STRE	E Et adoress - St-zip E	<u>-u7</u>	₹, FL	33SS 9	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAM STRE CITY TITL HAM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	<u> </u>	₹, FL	33SS 9	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		C.) Delete	TITLE NAME STREET TOTAL NAME STREET TITLE NAME TITLE NAME NAME NAME NAME TITLE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E	<u>-u7</u>	₹, FL	33SS 9	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·	C.) Delete	TITLE HAM STRE CITY TITLE HAM STRE CITY TITLE NAM STRE STRE STRE	E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP	<u> </u>	Z, FL	33SS 9	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAM STRE CITY TITLE HAM STRE CITY TITLE NAM STRE STRE STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS	<u>-u7</u>	₹, FL	33SS 9	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		C.) Delete	TITLL HAMM STRE CITY TITLL HAMM STRE CITY TITLL NAME STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E	<u>-u7</u>	₹, FL	33SS 9	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMESTRE CITY TITLE HAMESTRE CITY TITLE NAMESTRE CITY TITLE NAMESTRE CITY TITLE NAMESTRE CITY	E ET ADDRESS -ST-ZIP E E E-T ADDRESS	<u>-u7</u>	₹, FL	33SS 9	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL STREET ADDRESS CITY-ST-ZIP		Delete	NAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP	<u>-u7</u>	Z, FL	3355 g	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAMESTREE COLY TITLE HAMESTREE COLY TITLE NAMESTREE COLY TITLE NAMESTREE COLY TITLE NAMESTREE COLY TITLE TOLY TOLY TOLY TOLY TOLY TOLY TOLY TOLY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	<u>-u7</u>	Z, FL	33SS 9	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL STREET ADDRESS CITY-ST-ZIP		Delete	NAMESTREE CITY TITLE HAMESTREE CITY TITLE NAMESTREE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	<u>- 447</u>	₹, FL	33SS 9	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the inforpation supplied with	☐ Delete ☐ Delete ☐ Delete	NAMESTREE CITY TITLE HAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY TITLE NAMESTREE CITY	E E E E E E E E E E E E E E E E E E E				Change	Addition Addition

11. Thereby certify that the information supplied with this filing closes not qualify for the exemption stated in Section 119.07(3)(), Program 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 are a managing member of manager of the limited liability company of the receiver or trustee empowered to execute this peport as required by Chapter 608, Florida Statutes.

SIGNATURE:

100 / 10 / 10 / 13-971-301 Date Dayline Prints