

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000006952

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Entity Name:** TAMPA HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

15305 MORNING DR.  
LUTZ, FL 33559

**New Principal Place of Business:**

777 N ASHLEY DR #2108  
TAMPA, FL 33602

**Current Mailing Address:**

15305 MORNING DR.  
LUTZ, FL 33559

**New Mailing Address:**

777 N ASHLEY DR #2108  
TAMPA, FL 33602

FEI Number: 61-1443281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIS, STEPHANI M  
15420 LIVINGSTON AVE. #1117  
LUTZ, FL 33559      US

**Name and Address of New Registered Agent:**

DAVIS, STEPHANI M  
777 N ASHLEY DR. #2108  
TAMPA, FL 33602      US

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.

SIGNATURE: STEPHANI DAVIS

10/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DAVIS, STEPHANI  
Address: 15420 LIVINGSTON AVE # 1117  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: DAVIS, STEPHANI  
Address: 777 N ASHLEY DR. #2108  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANI DAVIS

MGR

10/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date