

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90433 009 ****50.00

DOCUMENT # L03000013906

1. Entity Name

Real Home Solutions LLC



DO NOT WRITE IN THIS SPACE

24021142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

431 Denise St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 261

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Crystal Beach FL

4. FEI Number

90-0069256

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34681

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Carl A. Culotta**

Street Address (P.O. Box Number is Not Acceptable)

431 Denise St

City **Tarpon Springs**

FL

Zip Code
34689

**DO NOT WRITE
IN THIS SPACE**

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

Carl A. Culotta

03/11/04

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Carl A. Culotta
431 Denise St Tarpon Springs FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
David A. Culotta
431 Denise St Tarpon Springs FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Carl A. Culotta

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

Date

Daytime Phone #

CR2E083B (12/02)