

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019595

FILED
Jun 12, 2007
Secretary of State

Entity Name: HOMETIME SOLUTIONS, L.L.C.

Current Principal Place of Business:

5959 BLUE LAGOON DRIVE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

PO BOX 960165
MIAMI, FL 33296

New Mailing Address:

FEI Number: 01-0793678 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:

Name and Address of New Registered Agent:

BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GUARDIOLA, ALFREDO
Address: 5959 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: GUARDIOLA, CARLINA
Address: 5959 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: PEREZ, ANDREA
Address: 5959 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFREDO GUARDIOLA

P

06/12/2007

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