


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034057	
1. Entity Name TRUE HOME SOLUTIONS, LLC	

Principal Place of Business 4726 NORTH LOIS AVENUE, A-2 TAMPA FL 33614	Mailing Address 4726 NORTH LOIS AVENUE, A-2 TAMPA FL 33614
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0211441		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	
WILLYOUNG, JOHN 4726 NORTH LOIS AVENUE, A-2 TAMPA FL 33614	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2005	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEELE, GERALD W 4726 NORTH LOIS AVENUE, A-2 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/18/05 80005-920 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald W. Steele **4-12-05 614-270-4511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #