

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035369

Entity Name
AMERICAN HOME SOLUTIONS, L.L.C.



Principal Place of Business
**7028 W. WATERS AVENUE, SUITE 251
TAMPA, FL 33634**

Mailing Address
**7028 W. WATERS AVENUE, SUITE 251
TAMPA, FL 33634**



01112006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0743348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALDES, ANDREA
7028 W. WATERS AVENUE, SUITE 251
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

I, 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

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

(NOTE: Registered Agent signature required when retaking.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1071001398429
01/30/06-80095-004 50.00

MANAGING MEMBERS/MANAGERS

MGRM
**VALDES, ANDREA
7028 W. WATERS AVENUE, SUITE 251
TAMPA, FL 33634**

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #