# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 16, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L04000014409

1. Entity Name
HOME DYNAMICS SEQUOIA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4788 WEST COMMERCIAL BOULEVARD<br>TAMARAC, FL 33319 | 4788 WEST COMMERCIAL BOULEVARD<br>TAMARAC, FL 33319 |

01302007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
34-1981641
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

STREIT, THOMAS E
222 LAKEVIEW AVENUE, SUITE 400
WEST PALM BEACH, FL 33401

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

U00000638767
02/27/07-80045-006 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | SCHACK, DAVID |
| STREET ADDRESS | 4788 W. COMMERCIAL BLVD |
| CITY-ST-ZIP | TAMARAC, FL 33319 |
| TITLE | |
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| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. 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 #