2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000016790

1. Entity Name
YOUR HOME SOLUTION, LLC

Principal Place of Business	Mailing Address
323 W. ALAMO DR. LAKELAND, FL 33813	P.O. BOX 7741 LAKELAND, FL 33807

03192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0598294
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRENNEMAN, RODNEY P
323 W. ALAMO DR.
LAKELAND, FL 33807

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRENNEMAN, RODNEY P
STREET ADDRESS	P.O. BOX 7741
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	MURRAY, SHARON D
STREET ADDRESS	P.O. BOX 2198
CITY-ST-ZIP	EATON PARK, FL 33840
TITLE	MGRM
NAME	MURRAY, ARTHUR
STREET ADDRESS	P.O.BOX 7741
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	HUCKEBA, J. M
STREET ADDRESS	P.O. BOX 7741
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	DUNCAN, ELIZABETH
STREET ADDRESS	P.O. BOX 7741
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	HOWARD, MONIQUE
STREET ADDRESS	P.O. BOX 7741.
CITY-ST-ZIP	LAKELAND, FL 33807

U00000745254
05/16/07-80021-020 50.00

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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: _____ 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #