

**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 323 W. ALAMO DR. LAKELAND, FL 33813	Mailing Address P.O. BOX 7741 LAKELAND, FL 33807
---	--

DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC

CR2E083 (11/05)

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

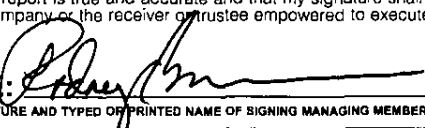
**Filing Fee is \$50.00
Due by May 1, 2007**

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

**DO NOT WRITE
IN THIS SPACE**

000000745254
05/16/07-80021-020 50.00

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

4-25-07

Date Daytime Phone #