

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000035411

FILED
Sep 14, 2007
Secretary of State

Entity Name: HOME OPTIONS OF FLORIDA LLC

Current Principal Place of Business:

P.O. BOX 7713
LAKELAND, FL 33807

New Principal Place of Business:

BOX 7713
LAKELAND, FL 33807

Current Mailing Address:

P.O. BOX 7713
LAKELAND, FL 33807

New Mailing Address:

P.O. BOX 93363
LAKELAND, FL 33804

FEI Number: 20-1115184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUTHBERTSON, GORDON R
812 FOXHALL DRIVE
LAKELAND, FL, FL 33813 US

Name and Address of New Registered Agent:

GOLDMAN, D
4415 FLORIDA NATIONAL DRIVE
211
LAKELAND, FL, FL 33813 US

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.

SIGNATURE: D. GOLDMAN

09/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUTHBERTSON, GORDON R
Address: 812 FOXHALL DRIVE
City-St-Zip: LAKELAND,, FL 33813

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDMAN, D
Address: 4415 FLORIDA NATIONAL DRIVE
City-St-Zip: LAKELAND,, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D. GOLDMAN

MGR

09/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date