

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057284

Entity Name: L & M HOME SOLUTIONS LLC

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

7318 BOX ELDER DRIVE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

7318 BOX ELDER DRIVE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 20-1466993 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

BARILE, MITCHELL
7318 BOX ELDER DRIVE
PORT RICHEY, FL 34668 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: MITCHELL BARILE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARILE, MITCHELL
Address: 7318 BOX ELDER DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM () Delete
Name: BARILE, LESLIE
Address: 7318 BOX ELDER DRIVE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL BARILE

MGRM

10/10/2005

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