

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057284

Entity Name: L & M HOME SOLUTIONS LLC

FILED
Jan 07, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

Title: MGRM () Delete
Name: BARILE, OPAL
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:

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

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: MITCHELL BARILE

MGRM

01/07/2008

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