## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000060435

Entity Name: HOME-AID, LLC

**FILED** Feb 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

328 ANTON DRIVE

TALLAHASSEE, FL 32312

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 181014 328 ANTON DRIVE

TALLAHASSEE, FL 32318 TALLAHASSEE, FL 32312

FEI Number: 41-2147712 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAUG, ERIC S 328 ANTON DRIVE TALLAHASSEE, FL 32312 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change ( ) Addition GARCIA, EDWARD J HAUG, ERIC S Name: Name:

Address: 7009 FOXGLOVE LANE Address: 328 ANTON DRIVE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Delete Title: () Change () Addition

Name: GRULICH, DAVID W Name: Address: 3457 EXMOUTH LANE Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

HAUG, ERIC S Name: Name: 328 ANTON DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC S HAUG **MGRM** 02/05/2007