

**L04000067237**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

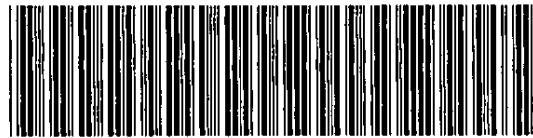
**L04-67237**

(Document Number)

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**FILED**  
09 JUL 31 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. JUL 31 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOME OWNERS SOLUTIONS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES V. SMEATON

Name of Person

HOME OWNERS SOLUTIONS, LLC

Firm/Company

12805 PINTAIL CT

Address

Riverview, Florida 33569

City/State and Zip Code

jimv48@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Smeaton

Name of Person

at ( 813 )

234-0979

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2009

JAMES V. SMEATON  
12805 PINTAIL COURT  
RIVERVIEW, FL 33569

SUBJECT: HOME OWNERS SOLUTIONS, LLC  
Ref. Number: L04000067237

We have received your document for HOME OWNERS SOLUTIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 809A00024930

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: HOME OWNERS SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 12805 PINTAIL CT

☒ (Note: **MUST BE STREET ADDRESS**) Riverview, Florida 33569

(b) Mailing address of limited liability company: 11705 Boyette Rd #482

☒ (Note: **MAY BE POST OFFICE BOX**) Riverview, Florida 33569

09/14/2004 3. Date of filing/registration in Florida L04000067237 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:  
Registered Agent: Smeaton, Linda B.  
Registered Office Address: 12805 PINTAIL CT  
Riverview, Florida 33569

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent: Smeaton, James V.

**NEW** Registered Office Address: 12805 PINTAIL CT  
**(MUST BE FLORIDA STREET ADDRESS)** Riverview, FL 33569

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Linda B. Smeaton  
Signature of a member or authorized representative of a member

Linda B. Smeaton  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

James V. Smeaton  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00