

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068467

FILED
May 12, 2008
Secretary of State

Entity Name: KINGDOM HOME SOLUTIONS L.L.C

Current Principal Place of Business:

3517 BENERAID ST.
LAND O LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

3517 BENERAID ST.
LAND O LAKES, FL 34638

New Mailing Address:

P.O. BOX 1714
TARPON SPRINGS, FL 34688

FEI Number: 11-3727976 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:

CRUZ, JOSE
3517 BENERAID ST.
LAND O LAKES, FL 34638 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: MGR () Delete
Name: CRUZ, JOSE
Address: 3517 BENERAID ST.
City-St-Zip: LAND O LAKES, FL 34638

Title: MGRM () Delete
Name: CRUZ, ALBERLINA
Address: 3517 BENERAID ST.
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRUZ, JOSE
Address: P.O. BOX 1714
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM (X) Change () Addition
Name: CRUZ, ALBERLINA
Address: P.O. BOX 1714
City-St-Zip: TARPON SPRINGS, FL 34688

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: JOSE CRUZ

MGR

05/12/2008

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