2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000073384

1. Entity Name
HOMEGUARDIANS SERVICES, LLC

Principal Place of Business	Mailing Address
1901 W. COLONIAL DRIVE SUITE 11 ORLANDO, FL 32804 US	1901 W. COLONIAL DRIVE SUITE 11 ORLANDO, FL 32804 US

01212007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc. #7		Suite, Apt #, etc. #7	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1649327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUPPARD, YVETTE 8315 SNOWFIRE DR ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUPPARD, YVETTE 8315 SNOWFIRE DR. ORLANDO, FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000611538 02/02/07-80058-005 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUPPARD, ALPHONSE 8315 SNOWFIRE DR. ORLANDO, FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 1/21/07 407-929-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #