

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000073384

1. Entity Name
HOMEGUARDIANS SERVICES, LLC



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

Mailing Address
**1901 W. COLONIAL DRIVE
SUITE 11
ORLANDO, FL 32804 US**



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**STUPPARD, YVETTE
8315 SNOWFIRE DR
ORLANDO, FL 32818**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUPPARD, YVETTE 8315 SNOWFIRE DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUPPARD, ALPHONSE 8315 SNOWFIRE DR. ORLANDO, FL 32818
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U000000861844
04/03/08-80024-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

3/6/08