

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000084152

1. Entity Name
FAST CASH HOME SOLUTIONS, L.L.C.



Principal Place of Business
3045 OAKS BEND
BOWLING GREEN, FL 33834

Mailing Address
3045 OAKS BEND
BOWLING GREEN, FL 33834



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1935626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, COLEN L
3045 OAKS BEND
BOWLING GREEN, FL 33834

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LAMBERT, COLON L
STREET ADDRESS 3045 OAKS BEND
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE MGRM
NAME LAKE, DENNIS L
STREET ADDRESS 302 GARDEN DRIVE
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000757872
05/23/07-80080-023 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #