

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089916

Entity Name: HOME SOLUTIONS LLC

FILED  
Jan 30, 2008  
Secretary of State

**Current Principal Place of Business:**

#34J 4270 ALOMA AVE #124  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

#34J 4270 ALOMA AVE #124  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 51-0532202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIBLEY, SALLY  
1401 BARCELONA CT  
WINTER SPRINGS, FL 32708 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: MGRM ( ) Delete  
Name: CHANCE, DEANNA  
Address: #34J 4270 ALOMA AVE #124  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: CHANCE, DARLENE  
Address: #34J 4270 ALOMA AVE #124  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: ITTURRIOZ, FERMIN  
Address: #34J 4270 ALOMA AVE #124  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEANNA CHANCE

MGMR

01/30/2008

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