

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2005
Secretary of State

DOCUMENT# L04000090201

Entity Name: NNS HOME SERVICES, L.L.C.

Current Principal Place of Business:

4117 SW 20TH AVE #251
GAINESVILLE, FL 32607

New Principal Place of Business:

4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607

Current Mailing Address:

4117 SW 20TH AVE #251
GAINESVILLE, FL 32607

New Mailing Address:

4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607

FEI Number: 38-3726959 **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:

SKINNER, NEIL
4117 SW 20TH AVE #251
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

MOSELEY, DIXIE
4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607 US

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: DIXIE MOSELEY

09/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE () Change (X) Addition
Name: MOSELEY, DIXIE
Address: 4117 SW 20TH AVE # 51
City-St-Zip: GAINESVILLE, FL 32607

Title: OWNE () Change (X) Addition
Name: MOSELEY, SHERROD
Address: 4117 SW 20TH AVE # 51
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIXIE MOSELEY

OWNE

09/30/2005

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