2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021137

1. Entity Name

EMPTY NEST HOME SERVICES, LLC



Principal Place of Business

23831 SAN MARINO ROAD

SUITE 202

BONITA SPRINGS, FL 34135 US

Mailing Address

23831 SAN MARINO ROAD

SUITE 202

BONITA SPRINGS, FL 34135 · US

FILED
Jan 14, 2008 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

4. FEI Number Applied For 20-1927996 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

MILLS, DAVID L 23831 SAN MARINO ROAD SUITE 202 BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

 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. 				
SIGNATUR				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aignature required when rematating)	DATE	
FILE NOWIN FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MCDM			

MILLS, DAVID L NAME 23831 SAN MARINO ROAD, SUITE 202 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 MGRM TITLE HAGER, JAMES D NAME STREET ADDRESS 23821 SAN MARINO ROAD, SUITE 202 CITY-ST-ZIP **BONITA SPRINGS, FL 34135** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000783956 01/16/08-80036-013 138.75

DO NOT WRITE IN THIS SPACE

11. I nereby 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:

BIONATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

//0/9

229 ada - 256

Daytime Phone #