2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L05000039552 1. Entity Name KIMCO HOME SERVICES, LLC				FILED Jul 14, 2008 08:00 AM Secretary of State
Principal Place of Business 280 BURNT PINE DRIVE NAPLES FL 34119		Mailing Address 280 BURNT PINE DRIVE NAPLES FL 34119		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc		2nd MOORE CR2E083 (4/08)
City & State		City & State		4. FEI Number 26-0113889 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
MANCUSO, KIM P 280 BURNT PINE DRIVE NAPLES FL 34119			Street Add	ress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$538:75 Make Check Payable to Florida Departmen Due By September 3, 2008 MANAGING MEMBERS/MANAGERS 10.			tnent of State company certifies it did not receive prior notice. Fee to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCUSO, FRED JR. 280 BURNT PINE DRIVE NAPLES FL 34119	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000954853 U7/14/08-80017-022 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 receive or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				

FRED MANGUS JR. JULY & 2013 (339)977 7654