

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039850

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: DAY'S HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

709 SOUTH LOST LAKE LANE  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

709 SOUTH LOST LAKE LANE  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 02-0742817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAY, THOMAS N  
709 SOUTH LOST LAKE LANE  
CASSELBERRY, FL 32707 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: DAY, THOMAS N  
Address: 709 SOUTH LOST LAKE LANE  
City-St-Zip: CASSELBERRY, FL 32707 US

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: DAY, JODI K  
Address: 709 S. LOST LAKE LANE  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JODI K. DAY

MGRM

01/20/2006

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