

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050345

FILED
Apr 26, 2007
Secretary of State

Entity Name: QUIK HOME SOLUTIONS, LLC

Current Principal Place of Business:

360 40TH COURT
VERO BEACH, FL 32968

New Principal Place of Business:

360 40TH COURT SW
VERO BEACH, FL 32968

Current Mailing Address:

360 40TH COURT
VERO BEACH, FL 32968

New Mailing Address:

360 40TH COURT SW
VERO BEACH, FL 32968

FEI Number: 20-1049949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEPPSON, RICHARD
360 40TH COURT
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

JEPPSON, RICHARD
360 40TH COURT SW
VERO BEACH, FL 32968 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: _____

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JEPPSON, RICHARD
Address: 360 40TH COURT
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM () Delete
Name: JEPPSON, RHEA
Address: 360 40TH COURT
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JEPPSON, RICHARD
Address: 360 40TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM (X) Change () Addition
Name: JEPPSON, RHEA
Address: 360 40TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

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: RICHARD JEPPSON

MNGR

04/26/2007

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