## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000059373

City-St-Zip:

NORTH LAUDERDALE, FL 33068

Entity Name: HOME SWEET HOME LLC

FILED Apr 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5805 NW ZINNIA STREET 1738 SW SAINT LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 5805 NW ZINNIA STREET PORT ST. LUCIE, FL 34986 FEI Number: 56-2519696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDINO, MONICA 5805 NW ZINNIA STREET US PORT ST. LUCIE, FL 34986 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ANDINO, LENIN F Name: Name: Address: 5805 NW ZINNIA STREET Address: City-St-Zip: PORT ST. LUCIE, FL 34986 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ANDINO, HECTOR T Name: Address: 6565 SW 8TH PLACE Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ANDINO, NANCY Name: Name: 6565 SW 8TH PLACE Address: Address:

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.

City-St-Zip:

SIGNATURE: MONICA ANDINO RA 04/01/2008