

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000068616

**FILED**  
**Jul 12, 2006**  
**Secretary of State**

**Entity Name:** HOUSING RESOLUTIONS, LLC

**Current Principal Place of Business:**

580 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

580 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

PO BOX 1183  
TARPON SPRINGS, FL 34688

**FEI Number:** 55-0903922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STORNANT, KRISTINE  
580 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688      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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** STORNANT, KRISTINE  
**Address:** 580 GEORGE STREET SOUTH  
**City-St-Zip:** TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES:**

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

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:** KRISTINE STORNANT

MGR

07/12/2006

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