

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068616

Entity Name: HOUSING RESOLUTIONS, LLC

FILED  
Mar 06, 2007  
Secretary of State

**Current Principal Place of Business:**

580 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1183  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 55-0903922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STORNANT, KRISTINE  
580 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688 US

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

STORNANT, KRISTINE M OWNER  
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: KRISTINE MARIE STORNANT

03/06/2007

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: MGR (X) Change ( ) Addition  
Name: STORNANT, KRISTINE M OWNER  
Address: 580 GEORGE STREET SOUTH  
City-St-Zip: TARPON SPRINGS, FL 34688

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 MARIE STORNANT

PRES

03/06/2007

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