

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

DOCUMENT # L05000073988



1. Entity Name

HOME SOLUTIONS CONSULTING LLC

Principal Place of Business

11200 W. FLAGLER ST.
SUITE 212
MIAMI FL 33174

Mailing Address

11200 W. FLAGLER ST.
SUITE 212
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3221144

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLEGO, OSCAR
9437 FOUNTANBLEAU BLVD
APT # 112
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

3320 S.W 96 AVE

City Miami

FL

Zip Code 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GALLEGO, OSCAR
STREET ADDRESS 9437 FOUNTANBLEAU BLVD, # 112
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete
NAME GALLEGO, DILIA R
STREET ADDRESS 9437 FOUNTANBLEAU BLVD, # 112
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3320 S.W 96 AVE
CITY-ST-ZIP Miami, FL 33165

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP Miami, FL 33165.

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01-27-06 305 222 9987