


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 020 ****55.00

DOCUMENT # L05000087522

1. Entity Name
THE HOME SOLUTION LLC



Principal Place of Business
PO BOX 600177
NORTH MIAMI BEACH, FL 33160

Mailing Address
PO BOX 600177
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #
16850-112 Collins Ave

3. Mailing Address

Suite, Apt. #, etc.
385

Suite, Apt. #, etc.

City & State
Sunny Isles Beach, FL

City & State

Zip
33160

Country
US

Zip

Country



09062007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Helen Thai

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

1598 NE 170 ST

City
North Miami Beach

FL

Zip Code
33162

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 *Helen Thai* DATE 9-6-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAS, FRANCISCO N PO BOX 600177 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAI, HELEN PO BOX 600177 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Helen Thai* DATE 9-6-07 DAYTIME PHONE # 786-239-7348

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