


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


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

<b>DOCUMENT # L05000087522</b>		
1. Entity Name <b>THE HOME SOLUTION LLC</b>		

Principal Place of Business <b>PO BOX 600177 NORTH MIAMI BEACH, FL 33160</b>	Mailing Address <b>PO BOX 600177 NORTH MIAMI BEACH, FL 33160</b>
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2. Principal Place of Business - No P.O. Box # <b>16850-112 Collins Ave</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 335</b>	Suite, Apt. #, etc.

City & State <b>Sunny Isles Beach, FL</b>	City & State
Zip <b>33160</b>	Country <b>US</b>

	
09062007 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-3453790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. 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 <b>Helen Thai</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1598 NE 170 ST</b>	
City <b>North Miami Beach</b>	FL Zip Code <b>33162</b>

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 	DATE <b>9-6-07</b>

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>9-6-07</b>	Daytime Phone # <b>786-239-7348</b>
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