

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093569

FILED
May 05, 2008
Secretary of State

Entity Name: HOME NECESSITIES L.L.C.

Current Principal Place of Business:

16654 S.W. 83RD LANE
MIAMI, FL 33193

New Principal Place of Business:

8220 SW 164 COURT
MIAMI, FL 33193 US

Current Mailing Address:

16654 S.W. 83RD LANE
MIAMI, FL 33193

New Mailing Address:

8220 SW 164 COURT
MIAMI, FL 33193 US

FEI Number: 20-3540378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BASILIO, JOSE D
1414 NW 107 AVENUE
206
MIAMI, FL 33172 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: MGRM () Delete
Name: CORREA, FLAVIO A
Address: 16654 S.W. 83RD LANE
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: ALARCON, MIRYAN
Address: 16654 S.W. 83RD LANE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORREA, FLAVIO A
Address: 8220 SW 164 COURT
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM (X) Change () Addition
Name: ALARCON, MIRYAN
Address: 8220 SW 164 COURT
City-St-Zip: MIAMI, FL 33193 US

I hereby certify that the information supplied with this filing does not qualify 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: FLAVIO A CORREA

MGRM

05/05/2008

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