

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90035 005 \*\*\*138.75

60039022



04302008 Chg-LLC CR2E083 (12/06)

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # L05000094637</b><br>1. Entity Name<br>HOME APPEAL SPECIALISTS, LLC   |   |  |  |
| Principal Place of Business<br>1539 GRANADA AVE<br>HOLLY HILL, FL 32117  |   | Mailing Address<br>1539 GRANADA AVE<br>HOLLY HILL, FL 32117  |  |
| 2. Principal Place of Business - No P.O. Box #<br>509 Briarwood Rd   |   | 3. Mailing Address<br>509 Briarwood Rd   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |  |
| City & State<br>Venice, FL   |   | City & State<br>Venice, FL   |  |
| Zip<br>34293   |   | Zip<br>34293   |  |
| Country<br>USA   |   | Country<br>USA   |  |
| 4. FEI Number<br>41-2272303<br>NOT APPLICABLE  |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required -   |  |
| 6. Name and Address of Current Registered Agent<br>BEYER, JULIAN H<br>1539 GRANADA AVE<br>HOLLY HILL, FL 32117   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BEYER, RUTH<br>1539 GRANADA AVE<br>HOLLY HILL, FL 32117 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>TICK, RUTH<br>509 Briarwood Rd, Venice, FL 34293                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>TICK, STUART<br>509 Briarwood Rd, Venice, FL 34293                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |
| <b>SIGNATURE:</b> Ruth Tick - formerly Ruth E. Beyer 4/30/08 941-497-0951  |   |  |  |