


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-15-2006 90133 018 ****50.00

DOCUMENT # L05000098770					
1. Entity Name HOME SERVICE CENTRE 2 LLC					
Principal Place of Business 1601 US 41S. RUSKIN FL 33570 US			Mailing Address 1601 US 41S. RUSKIN FL 33570 US		
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				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAVENDER, KYLE 873 WEST BAY DRIVE SUITE 105 LARGO FL 33770			Name Sam Cook Street Address (P.O. Box Number is Not Acceptable) 1601 U.S. Hwy. 41 So. City Ruskin FL 33570		
B. 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 (re)electing) <small>Signature, typed or printed name of registered agent is to be in cursive</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, SAM		NAME		
STREET ADDRESS	1601 US 41S.		STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL 33570		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELF, STACY		NAME		
STREET ADDRESS	1601 US 41S.		STREET ADDRESS	204 Island Water way	
CITY-ST-ZIP	RUSKIN FL 33570		CITY-ST-ZIP	Apollo Beach FL 33572	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Sam Cook Jr			3-17-06 813-633-1515 <small>Date Daytime Phone</small>		



30002993

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

HOME SERVICE CENTRE 2 LLC
1601 US 41S.
RUSKIN, FL 33570 US

Subject: HOME SERVICE CENTRE 2 LLC

Reference Number: L05000098770

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

P.O. BOX 6478 - Tallahassee, Florida 32314

Attachment



36002993

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

HOME SERVICE CENTRE 2 LLC
1601 US 41S.
RUSKIN, FL 33570 US

Subject: HOME SERVICE CENTRE 2 LLC

Reference Number:

L05000098770

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

ATTACHMENT

36002993
#L05 000098770Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested HOME SERVICE CENTRE 2 LLC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1601 US 41S		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code RUSKIN, FL 33570		5b City, state, and ZIP code
	6 County and state where principal business is located HILLSBOROUGH, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor SAM COOK		7b SSN, ITIN, or EIN 267-04-0878
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____			
<input checked="" type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____			
<input type="checkbox"/> Personal service corp.			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____			
<input type="checkbox"/> Other (specify) ▶ Multi Member LLC			
<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Plan administrator (SSN) _____			
<input type="checkbox"/> Trust (SSN of grantor) _____			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State _____ Foreign country _____			
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ PROVIDE SERVICE FOR ALL HOMES			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 10/07/05		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ NIA			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Agricultural 0	Household 0
		Other 0	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PROVIDE SERVICE FOR ALL HOMES			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PROVIDE SERVICE FOR ALL HOMES			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ SAM COOK - Member			
Signature ▶  Date ▶ 10-19-05			
Applicant's telephone number (include area code) (813) 634-1364			
Applicant's fax number (include area code) ()			



ATTACHMENT
30002993

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

HOME SERVICE CENTRE 2 LLC
1601 US 41S.
RUSKIN, FL 33570 US

Subject: **HOME SERVICE CENTRE 2 LLC**

Reference Number: **L05000098770**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION