


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-12-2007 90305 027 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 57-1225777 AP-PLIED FOR	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 COOK, SAM 1601 UNITED STATES HIGHWAY 41 SOUTH RUSKIN FL 33570	
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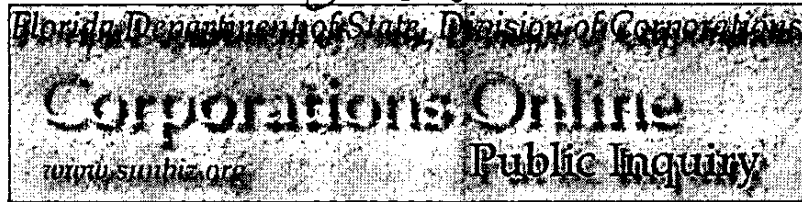
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM COOK, SAM 1601 US 41S. RUSKIN FL 33570 <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	MGRM SELF, STACY 204 ISLAND WATER WAY APOLLO BEACH FL 33572 <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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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: <i>Sam Cook</i>	01-23-07 813-633-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date



Florida Limited Liability
HOME SERVICE CENTRE 2 LLC

PRINCIPAL ADDRESS

1601 US 41S.
RUSKIN FL 33570 US

MAILING ADDRESS

1601 US 41S.
RUSKIN FL 33570 US

Document Number
L05000098770

State
FL

FEI Number
APPLIED

Status
ACTIVE

Date Filed
10/07/2005

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
COOK, SAM 1601 UNITED STATES HIGHWAY 41 SOUTH RUSKIN FL 33570
Name Changed: 03/23/2006
Address Changed: 03/23/2006

Manager/Member Detail

Name & Address	Title
COOK, SAM 1601 US 41S. RUSKIN FL 33570 US	MGRM
SELF, STACY 204 ISLAND WATER WAY APOLLO BEACH FL 33572 US	MGRM

Annual Reports

30001803
L05 000098770

Report Year	Filed Date
2006	03/23/2006

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No Events

No Name History Information

Document Images

Listed below are the images available for this filing.


03/23/2006 -- ANN REP/UNIFORM BUS REP
10/07/2005 -- Florida Limited Liability

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)

ATTACHMENT

X

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

30001803
L05000098770

Date of this notice: 11-04-2005

Employer Identification Number:
57-1225777

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

HOME SERVICE CENTRE 2 LLC
SAM COOK MBR
1601 US 41 S
RUSKIN FL 33570

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 57-1225777. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)