## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000103514

Entity Name: HOUSEHOLD LIQUIDATORS, LLC

FILED Sep 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1350 S SALFORD BLVD. 6397 OTIS ROAD

NORTH PORT, FL 34287 US NORTH PORT, FL 34287 US

Current Mailing Address: New Mailing Address:

1350 S SALFORD BLVD. 6397 OTIS ROAD

NORTH PORT, FL 34287 US NORTH PORT, FL 34287 US

FEI Number: 20-3687191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENRY, MELISSA A
1550 S. SALFORD BLVD
HENRY, MELISSA A
6397 OTIS ROAD

NORTH PORT, FL 34287 US NORTH PORT, FL 34287 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: MELISSA A. HENRY 09/24/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Fitle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:HENRY, MELISSA AName:HENRY, MELISSA AAddress:1350 S. SALFORD BLVD.Address:6397 OTIS ROAD

City-St-Zip: NORTH PORT, FL 34287 US City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 UMBERG, PATRICIA K
 Name:

 Address:
 8831 CARLTON CT.
 Address:

 City-St-Zip:
 NORTH PORT, FL 34287 US
 City-St-Zip:

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: MELISSA A. HENRY MGRM 09/24/2007