

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000009592	
1. Entity Name INTERNATIONAL HOME GUIDES LLC	
Principal Place of Business 3650 N 52 AVE HOLLYWOOD, FL 33021 US	Mailing Address 3650 N 52 AVE HOLLYWOOD, FL 33021 US



02192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOTTLIEB, BRUCE
125 N 46TH AVE
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

2. **FILE NOW!!! FEE IS \$138.75**
After May 1, 2008 Fee will be \$538.75

U00000839689
03/06/08-80018-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRY LYNN MARKETING & ADVERTISING INC 3650 N 52ND AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTTON, DAVID 3650 N 52ND AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA VEGA, OREXMYTH 3650 N 52ND AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/20/08 954 987-4626