

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000028107

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** S.O.S HOME SOLUTIONS LLC.

**Current Principal Place of Business:**

220 KINGS POINT DRIVE  
107  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 KINGS POINT DRIVE  
107  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

930 SE 10TH CT  
POMPANO BEACH, FL 33060 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LERCARI, MELISA  
220 KINGS POINT DRIVE  
107  
SUNNY ISLES BEACH, FL 33160 US

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

LERCARI, MELISA  
930 SE 10TH CT  
POMPANO BEACH, FL 33060 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: MELISA LERCARI

10/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LERCARI, MELISA  
Address: 220 KINGS POINT DRIVE, APT #107  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LERCARI, MELISA  
Address: 930 SE 10TH CT  
City-St-Zip: POMPANO BEACH, FL 33060 US

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: MELISA LERCARI

MGR

10/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date