## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000037500

Address:

City-St-Zip:

Entity Name: YOUR HOME SOLUTION LOUISIANA, LLC

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
731 S. COMBEE ROAD LAKELAND, FL 33801				323 W. ALAMO DRIVE LAKELAND, FL 33813			
Current Mailing Address:				New Mailing Address:			
PO BOX 2198 EATON PARK, FL 33840				PO BOX 7741 LAKELAND, FL 33807			
FEI Number: 20-4	754641	FEI Number Applied For ( )	FEI Nun	nber Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HALLOCK, DAV ONE LAKE MO LAKELAND, FL	RTON DR	NVE US					
The above nam in the State of F		submits this statement for the p	ourpose o	f changing i	its registered	office or registered agent, or both	
SIGNATURE:							
-	Electron	ic Signature of Registered Age	 ∍nt			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM ( BRENNEMAN 5874 TROPH' LAKELAND, F	Y LOOP	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( WING, KEVIN 5874 TROPH' LAKELAND, F	Y LOOP	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM ( JOHNSON, M 1450 MARKEI POLK CITY, F	R RD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM ( HUCKEBA, JO 4918 FOXRUI LAKELAND, F	N PL	
Title: Name:	( )	Delete		Title: Name:	MGRM ( FOUNTAIN. IK	) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

550 N. RIGE AVE

City-St-Zip: LAKE ALFRED, FL 33850 US

SIGNATURE: KEVIN WING MGRM 04/05/2007