

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037500

FILED
Mar 24, 2009
Secretary of State

Entity Name: YOUR HOME SOLUTION LOUISIANA, LLC

Current Principal Place of Business:

323 W. ALAMO DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 7741
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-4754641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRENNEMAN, RODNEY P
Address: 5874 TROPHY LOOP
City-St-Zip: LAKELAND, FL 33811 US

Title: MGRM () Delete
Name: WING, KEVIN M
Address: 5874 TROPHY LOOP
City-St-Zip: LAKELAND, FL 33811 US

Title: MGRM (X) Delete
Name: JOHNSON, MICHAEL
Address: 1450 MARKER RD
City-St-Zip: POLK CITY, FL 33868 US

Title: MGRM (X) Delete
Name: HUCKEBA, JOHN M
Address: 4918 FOXRUN PL
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM (X) Delete
Name: FOUNTAIN, IKE D
Address: 550 N. RIGE AVE
City-St-Zip: LAKE ALFRED, FL 33850 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: IKE, FOUNTAIN D
Address: 550 N RIDGE AVE
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: IKE D. FOUNTAIN

MGRM

03/24/2009

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