2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L06000056416

Entity Name: HOLSTON HOME SOLUTIONS, LLC

Current Principal Place of Business:

19554 SPRING OAK DRIVE
EUSTIS, FL 32736 US

New Principal Place of Business:

34811 ESTES ROAD
EUSTIS, FL 32736 US

Current Mailing Address:

19554 SPRING OAK DRIVE
EUSTIS, FL 32736 US

New Mailing Address:

34811 ESTES ROAD
EUSTIS, FL 32736 US

FEI Number: 20-4984855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HOLSTON, SAMUEL D MRGM
34811 ESTES ROAD
EUSTIS, FL 32736 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: SAMUEL D HOLSTON 06/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIRLEW-HOLSTON, THERESE A
Address: 19554 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736 US

Title: MGRM ( ) Delete
Name: HOLSTON, SAMUEL D SR.
Address: 19554 SPRING OAK DRIVE
City-St-Zip: EUSTIS, FL 32736 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KIRLEW-HOLSTON, THERESE A
Address: 34811 ESTES ROAD
City-St-Zip: EUSTIS, FL 32736 US

Title: MGRM (X) Change ( ) Addition
Name: HOLSTON, SAMUEL D SR.
Address: 34811 ESTES ROAD
City-St-Zip: EUSTIS, FL 32736 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: SAMUEL D HOLSTON MGRM 06/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date