

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-20-2007 90029 001 ****50.00

DOCUMENT # L06000059722					
1. Entity Name FREEDOM'S WAY HOME SOLUTIONS, LLC					
Principal Place of Business 403 E. BELMAR ST. LAKELAND, FL 33803 US			Mailing Address 403 E. BELMAR ST. LAKELAND, FL 33803 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04062007 Chg-LLC CR2E083 (12/06) 4. FEI Number 84-1714052 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KOERNER, DANIEL M- 403 E. BELMAR ST. LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOERNER, JULIA V 403 E. BELMAR ST. LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOERNER, DANIEL M 403 E. BELMAR ST. LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Daniel M. Koerner</u> Daniel M. Koerner			Date: <u>4/18/2007</u> (863) 688-0688		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		