2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State
08-23-2007 90075 022 ****55.00

DOCUMENT # L06000072947

1. Entity Name
EAGLE CREST HOME SERVICES, LLC

Principal Place of Business	Mailing Address
7877 NW 41ST COURT SUNRISE, FL 33351 US	7877 NW 41ST COURT SUNRISE, FL 33351 US

01172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
same as below		1209 ~~same~~ Spring Circle Drive	
Suite, Apt. #, etc. Changes		Suite, Apt. #, etc.	
City & State		City & State Coral Springs, FL	
Zip	Country	Zip 33071	Country USA

4. FEI Number 20-5289536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, WALTER F 6193 ROCK ISLAND ROAD #202 TAMARAC, FL 33019	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 x Walter Diaz 5/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGR DIAZ, WALTER F 6193 ROCK ISLAND ROAD, #202 TAMARAC, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, WALTER 1209 Spring Circle Drive Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: x Walter Diaz 05/31/07 (954)732-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #