

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076646

Entity Name: HOME REMEDIES, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

13526 SUMMER RAIN DR.
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13526 SUMMER RAIN DR.
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 72-1540806 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:

NOVAK, JAMES H
2230 SAW PALMETTO LANE
#101
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

NOVAK, JAMES H
13526 SUMMER RAIN DRIVE
ORLANDO, FL 32828 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:

07/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOVAK, JAMES H
Address: 2230 SAW PALMETTO LANE #101
City-St-Zip: ORLANDO, FL 32828

Title: MGR () Delete
Name: NOVAK, ROGER
Address: 2420 EDGEHILL ROAD
City-St-Zip: SALINA, KS 67401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOVAK, JAMES H
Address: 13526 SUMMER RAIN DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: MGR (X) Change () Addition
Name: NOVAK, ROGER
Address: 17580 GULF BLVD
City-St-Zip: REDINGTON SHORES, FL 33708

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: JAMES H NOVAK

MGRM

07/23/2008

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