

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076646

Entity Name: HOME REMEDIES, LLC

FILED
Mar 30, 2009
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 (X)

Name and Address of Current Registered Agent:

NOVAK, JAMES H
13526 SUMMER RAIN DRIVE
ORLANDO, FL 32828 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: NOVAK, JAMES H
Address: 13526 SUMMER RAIN DRIVE
City-St-Zip: ORLANDO, FL 32828

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

ADDITIONS/CHANGES:

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: JAMES H NOVAK

MGRM

03/30/2009

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