

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000105809

FILED
May 18, 2009
Secretary of State

Entity Name: RESIDENTIAL BUILDING SOLUTIONS, LLC

Current Principal Place of Business:

163 OSPREY LAKE CR
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

163 OSPREY LAKE CR
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 20-8012178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATUSEVIC, STEPHEN P
163 OSPREY LAKE CR
CHULUOTA, FL 32766 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: MGR () Delete
Name: MATUSEVIC, STEPHEN P
Address: 163 OSPREY LAKE CR
City-St-Zip: CHULUOTA, FL 32766

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATUSEVIC, STEPHEN P
Address: 163 OSPREY LAKE CR
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGR () Change (X) Addition
Name: POULIN, DANIEL J
Address: 2865 REGAL PINE TR
City-St-Zip: OVIEDO, FL 32766 US

Title: MGR () Change (X) Addition
Name: NOWAKOWSKI, TODD V
Address: 2537 NEWBOLT DR.
City-St-Zip: ORLANDO, FL 32817 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: STEPHEN P. MATUSEVIC

MGR

05/18/2009

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