

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000112296

Entity Name: BETTER HOME SOLUTIONS LLC

FILED
Oct 26, 2007
Secretary of State

Current Principal Place of Business:

3545-1 ST. JOHNS BLUFF RD.S.
PMB 305
JACKSONVILLE, FL 32224

New Principal Place of Business:

506 LEWIS ST
MACLENNY, FL 32063

Current Mailing Address:

3545-1 ST. JOHNS BLUFF RD.S.
PMB 305
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-8352691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, ERIC
3545-1 ST. JOHNS BLUFF RD.S.
PMB 305
JACKSONVILLE, FL 32224 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: ERIC OWENS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, ERIC
Address: 3545-1 ST. JOHNS BLUFF RD.S.
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: OWENS, ARIELLE V
Address: 3545-1 ST. JOHNS BLUFF RD.S.
City-St-Zip: JACKSONVILLE, FL 32224

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: ARIELLE OWENS

MRS

10/26/2007

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