

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115875

FILED
Sep 06, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA HOMEOWNER SOLUTIONS, LLC

Current Principal Place of Business:

3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

5703 RED BUG LAKE RD.
#257
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

PAVICH, SCOTT R
3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAVICH, SCOTT R
Address: 3617 S. SAINT LUCIE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: PAVICH, HEATHER M
Address: 3617 S. SAINT LUCIE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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: SCOTT R. PAVICH

MGRM

09/06/2009

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