## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000632

Entity Name: DIRECT HOME SERVICES LLC

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

160 HEATHER GROVE LANE 470 ROBIN HOOD CIRCLE NAPLES, FL 34113

202

NAPLES, FL 34104

**Current Mailing Address: New Mailing Address:** 

160 HEATHER GROVE LANE 470 ROBIN HOOD CIRCLE NAPLES, FL 34113

NAPLES, FL 34104

FEI Number: 20-8123318 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'CONNELL, CHRISTOPHER 720 WATERFORD DR #403 NAPLES, FL 34113

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: ADDITIONS/CHANGES:

MGRM Title: () Delete

(X) Change ( ) Addition MACDONALD, ANDREW MACDONALD, ANDREW Name: Name: Address: 160 HEATHER GROVE LANE Address: 470 ROBINHOOD CIRCLE #202

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34104

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM

Name: MACDONALD, RAMIA Name: MACDONALD, RAMIA Address: 160 HEATHER GROVE LANE Address: 470 ROBINHOOD CIRCLE #202

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34104

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: ANDREW MACDONALD **MGRM** 04/30/2009