

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 048 ***143.75

DOCUMENT # L07000007403 1. Entity Name FLORIDA HOME SERVICES, L.L.C.					
Principal Place of Business 16728 78TH RD. NORTH LOXAHATCHEE, FL 33470			Mailing Address 16728 78TH RD. NORTH LOXAHATCHEE, FL 33470		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 56-2639311			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHOFIELD, GORDON 16728 78TH RD. NORTH LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOFIELD, GORDON 16728 78TH RD. NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Gordon L. Schofield</i> Gordon L. Schofield <i>July 10, 2008</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					