2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90153 023 ***138.75

DOCUMENT # L07000007447

1. Entity Name
SOLEIL HOME DESIGN, LLC

Principal Place of Business	Mailing Address
2005 NE 12 AV OCALA, FL 34470 US	2005 NE 12 AV OCALA, FL 34470 US

03272008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
120 NE SANCHEZ AV.	120 NE SANCHEZ AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34470 Country: USA	Zip: 34470 Country: USA

4. FEI Number: 20-8275255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WADE, MATTHEW 2005 NE 12 AV OCALA, FL 34470	Name: WADE, MATTHEW Street Address (P.O. Box Number is Not Acceptable): 120 NE SANCHEZ AV. City: OCALA FL Zip Code: 34470

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: _____ 4-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WADE, MATTHEW 2005 NE 12 AV OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WADE, MATTHEW 120 NE SANCHEZ AV. OCALA, FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WADE, ALISON 2005 NE 12 AV OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WADE, ALISON 120 NE SANCHEZ AV. OCALA, FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-1-08 (352)840-7045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #