2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L07000007447

Entity Name: SOLEIL HOME DESIGN, LLC

Current Principal Place of Business:

120 NE SANCHEZ AVE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

120 NE SANCHEZ AVE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 20-8275255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, MATTHEW
120 NE SANCHEZ AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

WADE, ALISON M
120 NE SANCHEZ AVE
OCALA, FL 34470 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: ALISON M WADE 04/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WADE, MATTHEW
Address: 120 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

Title: MGRM (X) Delete
Name: WADE, ALISON
Address: 120 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WADE, ALISON M
Address: 120 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

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: ALISON M WADE MGM 04/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date