2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-05-2008 90209 021 ***138.75
L07000009281

DOCUMENT # L07000009281

1. Entity Name
HOME OWNER SOLUTIONS, LLC

FILED
08 APR -9 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
916 BRENTWOOD DRIVE APOPKA, FL 32712 US	916 BRENTWOOD DRIVE APOPKA, FL 32712 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1631 North Rock Springs Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 102
City & State	City & State Apopka Florida
Zip / Country	Zip / Country 32712 / orange

4. FEI Number 20-0889496 — 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
BROWN, KENNETH W 916 BRENTWOOD DRIVE APOPKA, FL 32712	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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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. MANAGING MEMBER CONTINUED/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, KENNETH W 916 BRENTWOOD DRIVE APOPKA, FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Gerald W. Brown 229 Antler Court Casselberry, Florida 32707 ☐ 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 np 4/9/08
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: [signature] 03/01/08 321-256-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #