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 Kenneth W Brown
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 managing member		
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	nc 4/9/08	☐ Change ☐ Addition
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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: Kenneth W Brown 03/01/08 321-256-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #