

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000012662

1. Entity Name
VERIDIAN HOME SOLUTIONS LLC



Principal Place of Business
150 E BAHAMA RD
WINTER SPRINGS, FL 32708 US

Mailing Address
1285 SEMINOLA BLVD
SUITE 117-320
CASSELBERRY, FL 32707 US

FILED
08 DEC -9 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12042008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8366404

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

THOMAS, WILLIAM S
1285 SEMINOLA BLVD
SUITE 117-320
CASSELBERRY, FL 32707

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMAS, WILLIAM S
150 E BAHAMA RD
WINTER SPRINGS, FL 32708 ☐ 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
508133902142
4/28/06 90053 026 \$138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete
REINSTATEMENT
08

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: William S. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12-4-08

Date

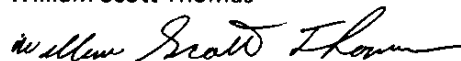
407-~~1~~62-7525

Daytime Phone #

To Whom it may concern

In late November I became aware that Veridian Home Solutions LLC had been dissolved which I did not understand why. On 12-4-08 I called your office and spoke to one of your representative's . I had filed and paid the report fee on time but apparently had not signed it . He said you tried to send something back for my signature twice but I never received anything that I know of and was unaware of any problem till now. He helped me to download the form and said to make sure to sign it and put the FEI on it and send it back with this letter asking that the reinstatement fees be waived to correct the situation. If there are any other problems please let me know .Thank you.

William Scott Thomas



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