

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094510

FILED  
May 07, 2008  
Secretary of State

Entity Name: HOME SOLUTIONS NETWORK, LLC

## Current Principal Place of Business:

499 SR 434 N.  
2159  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

106 RIVERBEND  
LONGWOOD, FL 32779 US

## Current Mailing Address:

499 SR 434 N.  
2159  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

106 RIVERBEND  
LONGWOOD, FL 32779 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CLARKSON, GREGORY  
499 SR 434 N.  
2159  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

CLARKSON, GREGORY  
106 RIVERBEND  
LONGWOOD, FL 32779 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: GREGORY CLARKSON

05/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CLARKSON, GREGORY  
Address: 1961 GRASMERE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Delete  
Name: CLARKSON, EURSULA  
Address: 1961 GRASMERE DR.  
City-St-Zip: APOPKA, FL 32703 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CLARKSON, GREGORY  
Address: 106 RIVERBEND  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM (X) Change ( ) Addition  
Name: CLARKSON, EURSULA  
Address: 106 RIVERBEND  
City-St-Zip: LONGWOOD, FL 32779 US

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: EURSULA CLARKSON

MGRM

05/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date