

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000012879

**FILED**  
**Jun 10, 2012**  
**Secretary of State**

**Entity Name:** HOUSING SOLUTIONS ENTERPRISES, LLC

**Current Principal Place of Business:**

4849 E. CONNELL LAKE DRIVE  
INVERNESS, FL 34453

**New Principal Place of Business:**

**Current Mailing Address:**

4849 E. CONNELL LAKE DRIVE  
INVERNESS, FL 34453

**New Mailing Address:**

**FEI Number:** 26-2092618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NKWOCHA, ONYEWUCHI  
4849 E. CONNELL LAKE DRIVE  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

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: ONYEWUCHI NKWOCHA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NKWOCHA, ONYEWUCHI  
Address: 4849 E. CONNELL LAKE DRIVE  
City-St-Zip: INVERNESS, FL 34453

I hereby 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: NKWOCHA ONYEWUCHI

MGRM

06/10/2012

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