

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027265

FILED
Mar 05, 2009
Secretary of State

Entity Name: S-SYLVESTER HOME RENTALS, LLC

Current Principal Place of Business:

8846 ALFIA COVE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

8846 ALFIA COVE DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SYLVESTER, SHARON
8846 ALFIA COVE DRIVE
RIVERVIEW, FL 33569 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SYLVESTER, SHARON
Address: 8846 ALFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON SYLVESTER

MGR

03/05/2009

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