

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028470

FILED
Apr 30, 2009
Secretary of State

Entity Name: YOUR HOME IN GOOD HANDS LLC

Current Principal Place of Business:

1405 SE 47TH ST
#1
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1405 SE 47TH ST
#1
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 26-2481440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWAK, THOMAS
310 NE 18TH AVE
CAPE CORAL, FLORIDA, FL 33909 US

Name and Address of New Registered Agent:

NOWAK, THOMAS
2524 SAWGRASS LAKE CT
CAPE CORAL, FLORIDA, FL 33909 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: THOMAS NOWAK

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOWAK, SABINE S
Address: 310 NE 18TH AVE
City-St-Zip: CAPE CORAL, FL 3909

Title: MGRM () Delete
Name: NOWAK, THOMAS
Address: 310 NE 18TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOWAK, SABINE S
Address: 1405 SE 47TH ST UNIT 1
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Change () Addition
Name: NOWAK, THOMAS
Address: 1405 SE 47TH ST UNIT 1
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Change (X) Addition
Name: KLEBER, BODO
Address: 1405 SE 47TH ST UNIT 1
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Change (X) Addition
Name: KLEBER, BIRGIT
Address: 1405 SE 47TH ST UNIT 1
City-St-Zip: CAPE CORAL, FL 33904

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: THOMAS NOWAK

MGRM

04/30/2009

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