

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030262

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** KEYSTONE HOME SOLUTIONS, LLC.

**Current Principal Place of Business:**

15220 OCTAVIA LANE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

4897 W. WATERS AVE  
SUITE B  
TAMPA, FL 33634 US

**Current Mailing Address:**

15220 OCTAVIA LANE  
ODESSA, FL 33556 US

**New Mailing Address:**

4897 W. WATERS AVE  
SUITE B  
TAMPA, FL 33634 US

FEI Number: 26-2261472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, SCOTT F  
4890 W. KENNEDY BLVD  
240  
TAMPA, FL 33609 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: MGRM  
Name: STAVISH, JEFFREY T  
Address: 15220 OCTAVIA LN  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM  
Name: SULKER, CENK  
Address: 4014 W. TACON ST  
City-St-Zip: TAMPA, FL 33629

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: JEFFREY STAVISH

MGRM

01/11/2011

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