

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048638

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** HOMESOLUTIONS PROPERTIES, LLC

**Current Principal Place of Business:**

4897 MANILA AVE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

4897 MANILA AVE  
NORTH PORT, FL 34288

**New Mailing Address:**

**FEI Number:** 26-2624071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POORE, SHARON  
4897 MANILA AVENUE  
NORTH PORT, FL 34288 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:** KUMMER, DENISE  
**Address:** 1019 FORT SALONGA ROAD, SUITE 10  
**City-St-Zip:** NORTHPORT, NY 11768

**Title:** MGRM  
**Name:** BURR, JULIE  
**Address:** 1019 FORT SALONGA ROAD, SUITE 10  
**City-St-Zip:** NORTHPORT, NY 11768

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:** DENISE KUMMER

MGRM

01/03/2012

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