

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108772

FILED
Sep 02, 2009
Secretary of State

Entity Name: YOUR COMPLETE HOME SERVICES, LLC

Current Principal Place of Business:

4970 SW 1790TH AVE.
SW RANCHES, FL 33331

New Principal Place of Business:

4970 SW 170TH AVE.
SW RANCHES, FL 33331

Current Mailing Address:

4970 SW 1790TH AVE.
SW RANCHES, FL 33331

New Mailing Address:

4970 SW 170TH AVE.
SW RANCHES, FL 33331

FEI Number: 26-4339996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, MIKE
4970 SW 1790TH AVE.
SW RANCHES, FL 33331 US

Name and Address of New Registered Agent:

FREEMAN, MIKE
4970 SW 170TH AVE.
SW RANCHES, FL 33331 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: MICHAEL FREEMAN

09/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FREEMAN, MICHAEL
Address: 4970 SW 1790TH AVE.
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FREEMAN, MICHAEL
Address: 4970 SW 170TH AVE.
City-St-Zip: SW RANCHES, FL 33331

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: MICHAEL FREEMAN

MGR

09/02/2009

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