

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051666

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HOME IMPROVEMENT SPECIALISTS, LLC

**Current Principal Place of Business:**

6001 BROKEN SOUND PARKWAY  
200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

6001 BROKEN SOUND PARKWAY NW  
200  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

6001 BROKEN SOUND PARKWAY  
200  
BOCA RATON, FL 33487

**New Mailing Address:**

6001 BROKEN SOUND PARKWAY NW  
200  
BOCA RATON, FL 33487 US

**FEI Number:** 27-2599900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKEL, BRETTT R  
6001 BROKEN SOUND PARKWAY  
200  
BOCA RATON, FL 33487 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: GS TWO, LLC  
Address: 6001 BROKEN SOUND PARKWAY NW, SUITE 200  
City-St-Zip: BOCA RATON, FL 33487 US

Title: PS  
Name: GOLD, MICHAEL  
Address: 6001 BROKEN SOUND PARKWAY  
City-St-Zip: BOCA RATON, FL 33487

Title: CFO  
Name: ROHDE, STEPHEN  
Address: 6001 BROKEN SOUND PARKWAY  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: WALTON, KEVIN  
Address: 6001 BROKEN SOUND PARKWAY  
City-St-Zip: BOCA RATON, FL 33487

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: MICHAEL GOLD

PS

04/30/2012

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