

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000109617

Entity Name: HOME REMEDY USA LLC

**FILED**  
**Dec 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13176 NORTH DALE MABRY HIGHWAY, SUITE 104  
TAMPA, FL 33618

## **New Principal Place of Business:**

7911 HARNEY RD  
TEMPLE TERRCE, FL 33637

## **Current Mailing Address:**

13176 NORTH DALE MABRY HIGHWAY, SUITE 104  
TAMPA, FL 33618

## **New Mailing Address:**

13303 LAKE GEORGE PLACE  
TAMPA, FL 33618

FEI Number: 90-0637373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## **Name and Address of New Registered Agent:**

JACQUELINE, LOVELACE  
13303 LAKE GEORGE PLACE  
TAMPA, FL 33618 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: JACQUELINE LOVELACE

12/20/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOVELACE, JACQUELINE L  
Address: 1330 LAKE GEORGE PL  
City-St-Zip: TAMPA, FL 33618

Title: MGR  
Name: LOVELACE, DONALD E  
Address: 7911 HARNEY RD.  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: ST  
Name: LOVELACE, JACQUELINE L  
Address: 3303 LAKE GEORGE PLACE  
City-St-Zip: TAMPA, FL 33618

Title: TREA  
Name: TORRENS, SERENA  
Address: 18850 QUARRY BADGER RD.  
City-St-Zip: LAND O LAKES, FL 34638

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: JACQUELINE LOVELACE

MGR

12/20/2011

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