

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088683

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** DISABLED HOME SERVICES LLC

**Current Principal Place of Business:**

3936 S. SEMORAN BLVD., #491  
ORLANDO, FL 32822

**New Principal Place of Business:**

3936 S. SEMORAN BLVD #491  
ORLANDO, FL 32822

**Current Mailing Address:**

3936 S. SEMORAN BLVD., #491  
ORLANDO, FL 32822

**New Mailing Address:**

3936 S. SEMORAN BLVD #491  
ORLANDO, FL 32822

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STONE, TIM  
109 AMBERSWEET WAY #324  
DAVENPORT, FL 33897 US

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

STONE, TIM  
109 AMBERSWEET WAY  
DAVENPORT, FL 33897 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:

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PELTCS, RUSTY  
Address: 3936 S. SEMORAN BLVD #491  
City-St-Zip: ORLANDO, FL 32822

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: RUSTY PELTCS

MGR

04/24/2012

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