2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # L9900006294 Entity Name ENAL HOME SUPPLY, LLC					OD MAD DO AN Q: 11		
					00 MAR 29 AM 9: 11		
				SECRETARY OF STATE TALLAHASSEE: FLORIDA			
cipal Place of Busines	 SS	Mailing Address				m4417	
) Cleveland Street. Earwater FL 33755		600 CLEVELAND STREET. SUITE 910 CLEARWATER FL 33755-4160					
Principal Place of Bus	siness	3. Mailing Address				IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Applie	ed For
City & State		City & State		4. FEI Number Not Applicab		pplicable	
Zip	- Country	Zip	Country		cate of Status Desired	Fee Required	
	me and Address of Current F	Registered Agent		7. Name	and Address of New Re	egistered Agent	
6. Nai	Ma ann Anness ol Caronit		Name	(DO Bay M	mber is Not Acceptable))	
WINTERS, ELISE			Street Add	aress (P.O. Box Nu			
600 CLEVELAND STREET SUITE 940						FL Zip Code	
CLEARWATER FL 33755 The above named entity submits this statement for the purpose of changing its reg			City				
	typed or printed name of registered agent		DTE: Registered Agent signatu		anooo3	208418-	C
IGNATURE		FILE Make Check	NOW!!! FEE IS \$ Payable to Departr	50.00	800003 -04/14 ****	208418- 4/00010040 \$50.00 ***** 70 changes	
9	typed or printed name of registered agent MANAGING MEME	FILE Make Check	NOW !!! FEE IS \$	50.00 nent of State	800003 -04/14 ****	208418- 4/00010040 *50.00 *****	
). IITLE RAME STREET ADDRESS		FILE Make Check	NOW !!! FEE IS \$ Payable to Departr	50.00 ment of State MGR INDEPEN	CENT RENAL	203413- 4/00010040 *50.00 ***** /CHANGES CHANGES CHANGES CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES	X Add
9. TITLE NAME BTREET ADDRESS GITY- ST- ZIP		FILE Make Check	NOW !!! FEE IS \$ Payable to Departr 10. TITLE NAME STREET ADDRESS	50.00 ment of State MGR INDEPEN	300003 -04/14 ***** ADDITIONS	203413- 4/00010040 *50.00 ***** /CHANGES CHANGES CHANGES CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES	X Add
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME		BERS / MEMBERS	NOW !!! FEE IS \$ Payable to Departr 10. TITLE NAME STREET ABUBEESS CITY- ST-ZIP TITLE	50.00 ment of State MGR INDEPEN	CENT RENAL	208418- 4/00010040 *50.00 ***** /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES	
9. TITLE AAME STREET ADDRESS GITY- ST- ZIP TITLE NAME STREET ADDRESS GITY- ST- ZIP		BERS / MEMBERS	NOW !!! FEE IS \$ Payable to Departm 10. TITLE NAME STREET ABBBESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	CENT RENAL	203413- 4/00010040 *50.00 ***** /CHANGES CHANGES CHANGES CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES	
9. TITLE KAME STREET AADRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS		BERS/MEMBERS	NOW !!! FEE IS \$ Payable to Departm 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	CENT RENAL	203418- 4/00010040 *50.00 ***** //CHANGES Change ASSOCIATES, ET, SUITE 9 55 Change	
0. ITTLE AAME STREET ADDRES\$ GITY-ST-ZIP TITLE NAME STREET ADDRES\$ CITY-ST-ZIP TITLE NAME STREET ADDRES\$ CITY-ST-ZIP TITLE TITLE		BERS/MEMBERS	NOW !!! FEE IS \$ Payable to Departr 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	50.00 ment of State MGR INDEPENI 600_CLE CLEARWA	CENT RENAL	208418- 4/00010040 *50.00 ***** /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES /CHANGES	
 J. J. TITLE KAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 		BERS/MEMBERS	NOW III FEE IS \$ Payable to Departr 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP	50.00 ment of State MGR INDEPENI 600_CLE CLEARWA	CENT RENAL	203418- 4/00010040 *50.00 ***** //CHANGES Change ASSOCIATES, ET, SUITE 9 55 Change	
9. TITLE AAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		BERS/MEMBERS	NOW III FEE IS \$ Payable to Departr 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	CENT RENAL	20:3413- 4/00010040 *50.00 ***** CHANGES Change ASSOCIATES, ET, SUITE 9 55 Change Change	8 Addi INC 0 Addi 0 Addi
D. TITLE KAME BTREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		FILE Make Check	NOW III FEE IS \$ Payable to Departr 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	CENT RENAL	20:3413- 4/00010040 *50.00 ***** CHANGES Change ASSOCIATES, ET, SUITE 9 55 Change Change	
9. TITLE KAMAE STREET ADDRESS GITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP		FILE Make Check	NOW III FEE IS \$ Payable to Departm 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	BOOOD -04/14 ***** ADDITIONS DENT RENAL VELAND STRE FER, FL 337	20:3413- 4/00010040 *50.00 ***** ASSOCIATES, ET, SUITE 9 55 Change Change Change	
D. TITLE AAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		FILE Make Check	NOW III FEE IS \$ Payable to Departm 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP	50.00 ment of State MGR INDEPENI 600 CLE CLEARWA	BOOOD -04/14 ***** ADDITIONS DENT RENAL VELAND STRE TER, FL 337 19.07(3)(i), Florida Statu 19.07(3)(i), Florida Statu	20:3413- 4/00010040 *50.00 ***** ASSOCIATES, ET, SUITE 9 55 Change Change Change	