

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006657

Entity Name: HOUSING SOLUTIONS, LLC

FILED
Jun 17, 2009
Secretary of State

Current Principal Place of Business:

6310 STEVENS FOREST ROAD
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

6310 STEVENS FOREST ROAD
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 75-3109882 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:

Name and Address of New Registered Agent:

MCGUIRE, KELLY
111 KEY HEIGHTS DRIVE
TAVERNIER, FL 33070 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAD PROPERTIES, L.L.C.
Address: 3914 DUSTON ROAD
City-St-Zip: BURTONSVILLE, MD 20866

Title: MGR () Delete
Name: FLICKERWOOD, L.L.C.
Address: 6310 STEVENS FOREST ROAD
City-St-Zip: COLUMBIA, MD 21046

Title: MGR () Delete
Name: KINSEY, KEVIN MGR
Address: 6310 STEVENS FOREST ROAD
City-St-Zip: COLUMBIA, MD 21046

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE WILLIAMS

MGR

06/17/2009

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