2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

DOCUMENT # M06000003746 FILED 1. Entity Name UNLIMITED HOME AND BUSINESS SERVICES, LLC Sep 11, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 1010 DIXIE HIGHWAY 1020 DOCE HIGHWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 09082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4968010 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUISSAINT, ELIE DO NOT WRITE 4375 MARS AVE WEST PALM BEACH, FL 33406 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Recistered Agent signature required when reinsta In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME LOUISSAINT, ELIE 4375 MARS AVE STREET ANNOESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 IIILE U00000959517 09/11/08-80004-012 143.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP MLE NUME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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