## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90063 043 \*\*\*150.00

OCUMENT # P07000043005  Entity Name  LL HOME SOLUTIONS, INC.			_	0   1   2000 3	0005 0 15	130	.00
Principal Place of Business Ma	illing Address	<u> </u>	40068	732			
	27 GUM STREET		100.00				•
ALTAMONTE SPRINGS, FL 32714 AL	TAMONTE SPRINGS, FL 32	714					•
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2. Principal Place of Business - No P.O. Box # 3. N	Mailing Address						
614 FENTON PL #202 614 FENTON PL						un aatat ann	BB)    1884
Suite, Apt. #, etc.		04052008	Chg-P	CR2E034 (	12/06)		
	202	-4-					
City & State	City & State	5 (1	4. FEI Number	0 6243			lied For
AUTAMONTE SIRINGS FL AU Zip Country Z	INTO OTA IC SPINIO	intro	20-88	J 924 J	<u> </u>	.75 Addi	Applicable
32701 USA 2	TAMONTE SPAING COU 52701	LJA-	5. Certificate of	Status Desired		Required	
6. Name and Address of Current Regist			7. Name and Ad	idress of New Re	gistered Age	nt	
		Name					
ESCRIBA, YAMPIER	Street Address (P.O. Box Number is Not Acceptable)						
127 GUM-STREET ALTAMONTE SPRINGS, FL 32714	Sireet Address (F.O. Box Northber is Not Acceptable)						
CE17-19-01-11-10-01-1-027-14	GIY FENTON PL #202  City ALTAM ONTESPRINGS FL Zip Code 32701						
		City .	41			Zin Code	
						Zip Code 327	
<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	urpose of changing its registe	ered office or register	red agent, or both,	in the State of Flor	ida. I am fami	liar with, a	ind accept
the dongations of registered agent.							
SIGNATURE			· <del>_</del>				
Signature, typed or printed name of registered agent and title if	I applicable. (NOTE: Registe	ered Agent signature requirer	t when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution	n. 🗆 Add	.00 May Be ded to Fees				
10. OFFICERS AND DIREC			ADDITIONS/CH	HANGES TO OFFI			
ITILE P NAME ESCRIBA, YAMPIER	_ 55.500	TLE AME			L	Change	Addition
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CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		TY - ST - ZIP	,				
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	ITY-ST-ZIP					
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TITLE	☐ Delete 31	līLĿ				Change	☐ Addition
NAME	N <sub>1</sub>	AME					
STREET ADDRESS	9	TREET ADDRESS					
CITY-ST-2IP	l CI	ITY-ST-ZIP					
12. Thereby cartify that the information supplied with this findicated on this report or supplemental report is true.	iling does not qualify for the e	exemptions containe	d in Chapter 119, I	Florida Statutes, I	further certify	that the in	normation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.							
changes, or on an accomment with an advises, much an other line empowered.							
SIGNATURE:	7		0	410911	72		
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRI	ECTOR		late	Dayte	ne Phone #	