

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000081793

Entity Name: HABITAT HOMES OF VOLUSIA COUNTY, LLC**Current Principal Place of Business:**985 SHOCKNEY DR.
ORMOND BEACH, FL 32174**Current Mailing Address:**985 SHOCKNEY DR.
ORMOND BEACH, FL 32174**FEI Number:** 45-5536733**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Authorized Person(s) Detail :

Title	MGR
Name	COLLINS, JASON
Address	985 SHOCKNEY DR.
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGR
Name	COLLINS, MICHELLE
Address	985 SHOCKNEY DR.
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	COLLINS, JASON
Address	985 SHOCKNEY DR.
City-State-Zip:	ORMOND BEACH FL 32174

Title	T
Name	COLLINS, MICHELLE
Address	985 SHOCKNEY DR.
City-State-Zip:	ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON COLLINS**PRESIDENT****07/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date