

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000054905

**Entity Name:** HOME ENCOUNTER HECM, LLC

**Current Principal Place of Business:**

12906 TAMPA OAKS BLVD  
SUITE 100  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

12906 TAMPA OAKS BLVD  
SUITE 100  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 47-1527265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANK SIMONE, P.A.  
701 BRICKELL AVENUE  
SUITE 1550  
MIAMI, FL 33131 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:** FRANK C. SIMONE

05/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            VAN ROOYEN, BRAD  
Address        12906  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33607

Title            VP  
Name            ELMORE, JERRY  
Address        12906 TAMPA OAKS BLVD  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title            CFO  
Name            JOINES, KEN  
Address        12906 TAMPA OAKS BLVD  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title            VP  
Name            MAYNOR, ERICA  
Address        12906 TAMPA OAKS BLVD  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title            VP  
Name            NICHOLSON, STEFANIE  
Address        12906 TAMPA OAKS BLVD  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title            VP  
Name            SERRANO, GINA  
Address        12906 TAMPA OAKS BLVD  
                  SUITE 100  
City-State-Zip: TEMPLE TERRACE FL 33637

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEN JOINES

CFO

05/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date