

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000222132

**Entity Name:** HOME-OCEAN-LAKE PARTNERS, LIMITED LIABILITY COMPANY

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**7197587756CC**

**Current Principal Place of Business:**

3839 NORTH MONROE STREET  
SUITE 11  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 180464  
TALLAHASSEE, FL 32318

**FEI Number: 82-3237655**

**Certificate of Status Desired: No**

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

HILL, DEBORAH M  
3839 NORTH MONROE STREET  
SUITE 11  
TALLAHASSEE, FL 32303 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 MBR  
Name HILL, PERRON A  
Address P.O. BOX 180464  
City-State-Zip: TALLAHASSEE FL 32318

Title MBR  
Name HODGES, ASHLYN N  
Address P.O. BOX 180464  
City-State-Zip: TALLAHASSEE FL 32318

Title MGRM  
Name HILL, DEBORAH M  
Address P.O. BOX 180464  
City-State-Zip: TALLAHASSEE FL 32318

*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: DEBORAH M. HILL**

**MANAGER**

**02/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date