2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000012626

1. Entity Name
FAMILY HOME CENTER OF HOMOSASSA, LLC

Principal Place of Business	Mailing Address
1485 S. SUNCOAST BLVD. HOMOSASSA, FL 34448	12788 U.S. 90 WEST LIVE OAK, FL 32060

03132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734378
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, KRIS B
582 WEST DUVAL STREET
LAKE CITY, FL 32055

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PS
NAME	FRIER, MATTHEW
STREET ADDRESS	12788 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	V
NAME	FRIER, WAYNE
STREET ADDRESS	12788 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	FRIER, TODD
STREET ADDRESS	12789 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000079374
04/14/08-80052-003 138.75

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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 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.

SIGNATURE: Todd Frier Todd Frier 3/14/08 386-362-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #