2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503139905328
5/2/2003-90588-010-$50.00-$50.00 *

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FILED
2003 OCT -3 AM 8:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022768

1. Entity Name
THE HOMETOWN MORTGAGE COMPANY LLC

Principal Place of Business	Mailing Address
2360-4 CHRISTOPHER PLACE TALLAHASSEE FL 32308	2360-4 CHRISTOPHER PLACE TALLAHASSEE FL 32308

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3360 Capitol cir N.E.		3360 Capitol Cir NE.	
Suite, Apt. #, etc.: Suite B.		Suite, Apt. #, etc.: # B	
City & State: Tall. Fl.		City & State: Tall. Fl.	
Zip: 32308	Country: LEON	Zip: 32308	Country: LEON

4. FEI Number: 30-0000742 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PILKINGTON, SCOTT E
969 SUMMERBROOKE DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] 8/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Owner Partner Scott Pilkington 3360 Capital Circle NE Suite B Tall, Fl 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Owner/Partner Michael E. Avery 3360 Capital Circle NE Suite B Tall, Fl 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #