

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90006 034 ****50.00

DOCUMENT # L02000001478

1. Entity Name

HOMETOWN DIRECT PUBLICATIONS, LLC



Principal Place of Business

**2095 PINEAPPLE AVE.
#6
MELBOURNE FL 32935
US**

Mailing Address

**2095 PINEAPPLE AVE.
#6
MELBOURNE FL 32935
US**

2. Principal Place of Business

5388 SOLWAY DR

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

← Same

Zip

32951

Country

BREYARD

Zip

32951

Country

US

4. FEI Number

30-0035318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DERRIG, DONNA M.
2095 PINEAPPLE AVE.
#6
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **DONNA M. DERRIG**

Street Address (P.O. Box Number is Not Acceptable)

5388 SOLWAY DR

City

MELBOURNE BEACH FL

Zip Code

32951

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

Donna Derrig

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 4, 2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES** ☐ Delete
NAME **DONNA M. DERRIG**
STREET ADDRESS **5388 SOLWAY DR**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donna Derrig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Apr. 4, 2003

772-633-0614

CR2E083 (10/02)