

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001981**

1. Entity Name  
**HOME RESOURCE MANAGEMENT CONSULTANTS, L.C.**



Principal Place of Business  
**2705 TAMiami TRAIL, UNIT 315  
PUNTA GORDA, FL 33950**

Mailing Address  
**C/O DEBRA J.P. EMMONS  
2705 TAMiami TRAIL, UNIT 315  
PUNTA GORDA, FL 33950**



01232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3597161**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEBRA J.P. EMMONS  
2705 TAMiami TRAIL, UNIT 315  
PUNTA GORDA, FL 33950**

**DO NOT WRITE  
IN THIS SPACE**

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

000000107844

**Filing Fee is \$50.00  
Due by May 1, 2004**

04/09/04-80015-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
EMMONS, DEBRA J  
2705 TAMiami TRAIL UNIT 315  
PUNTA GORDA, FL 33950**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ISENBERG, MARY  
319 PORTOFINO DR  
PUNTA GORDA, FL 33950**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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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: Debra J.P. Emons

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

4/6/04

Date

9416392933

Daytime Phone #