

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030921

FILED  
May 05, 2009  
Secretary of State

Entity Name: HOME SERVICES MARKETING AND MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

9100 HAMMAN AVE  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15606  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 51-0436034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BEASLEY, ROBERT O  
226 EAST GOVERNMENT STREET  
PENSACOLA, FL 32501 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KILLINGSWORTH, CLINTON W  
Address: 933 BUCYRUS LN  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: KILLINGSWORTH, CLIFFORD F  
Address: 205 NEWBERRY STREET  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CLINT KILLINGSWORTH

MGR

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date