

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030921

**FILED**  
**Feb 15, 2010**  
**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  
**Name:** KILLINGSWORTH, CLINTON W  
**Address:** 933 BUCYRUS LN  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** MGR  
**Name:** KILLINGSWORTH, CLIFFORD F  
**Address:** 8844 SCENIC HWY  
**City-St-Zip:** PENSACOLA, FL 32514

I hereby 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

02/15/2010

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