

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007999

FILED
May 26, 2009
Secretary of State

Entity Name: HOME RUN INNOVATIONS, LLC

Current Principal Place of Business:

9524 BLIND PASS RD
ST PETE BEACH, FL 33707

New Principal Place of Business:

5940 PELICAN BAY PLAZA
1103
GULFPORT, FL 33707

Current Mailing Address:

9524 BLIND PASS RD
ST PETE BEACH, FL 33707

New Mailing Address:

5940 PELICAN BAY PLAZA
1103
GULFPORT, FL 33707

FEI Number: 56-2334270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33710 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: MGRM () Delete
Name: WOODY, STEVE
Address: 5940 PELICAN BAY PLAZA, SUITE 1103
City-St-Zip: GULFPORT, FL 33707

Title: MGRM () Delete
Name: SCHLECHTY, AMY
Address: 2865 51ST SOUTH #7B
City-St-Zip: GULFPORT, FL 33707

Title: MGRM () Delete
Name: NEWMAN, JEFF
Address: 6860 GULFPORT BLVD #304
City-St-Zip: ST PETERSBURG, FL 33707

Title: MGRM () Delete
Name: PASTOOR, TINA
Address: 6860 GULFPORT BLVD #304
City-St-Zip: ST PETERSBURG, FL 33707

ADDITIONS/CHANGES:

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

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

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

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: STEVE WOODY

P

05/26/2009

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