

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001075

FILED
Aug 23, 2007
Secretary of State

Entity Name: HOMETOWN REAL ESTATE SOLUTIONS, LLC

Current Principal Place of Business:

609 MASTHEAD CT
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

609 MASTHEAD CT
TAMPA, FL 33602

New Mailing Address:

FEI Number: 16-1700019 **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:

BRINSON, JOHN K
609 MASTHEAD CT
TAMPA, FL 33602 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: BRINSON, JOHN K
Address: 609 MASTHEAD CT
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: BRINSON, MONA GAY
Address: 1100 SE 52ND CT
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: BRINSON, MILLS M III
Address: 1100 SE 52ND CT
City-St-Zip: OCALA, FL 34471

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:

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: JOHN K BRINSON

MGRM

08/23/2007

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