

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049517

FILED
Apr 14, 2009
Secretary of State

Entity Name: HOMEWARD BOUND UNLIMITED SERVICES, LLC

Current Principal Place of Business:

1706 SW 77TH TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

68 NE 91 ST
MIAMI SHORES, FL 33138

Current Mailing Address:

1706 SW 77TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

68 NE 91 ST
MIAMI SHORES, FL 33138

FEI Number: 20-1318973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIMBLE, TINA
1706 SW 77TH TERRACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

TRIMBLE, TINA
68 NE 91 ST
MIAMI SHORES, FL 33138 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRIMBLE, TINA
Address: 1706 SW 77TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: EIKMEIER, DAWN
Address: 1706 SW 77TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRIMBLE, TINA
Address: 68 NE 91 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGR (X) Change () Addition
Name: EIKMEIER, DAWN
Address: 68 NE 91 ST
City-St-Zip: MIAMI SHORES, FL 33138

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: TINA TRIMBLE

MGR

04/14/2009

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