

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075450

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** HOME REMEDY OF FLORIDA, LLC

**Current Principal Place of Business:**

9438 U.S HWY 19N  
SUITE 217  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

9438 U.S HWY 19N  
SUITE 217  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 61-1477527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STALEY, KIRK A  
10308 SARANAC TRAIL  
HUDSON, FL 34667 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  
**Name:** STALEY, KIRK A  
**Address:** 10308 SARANAC TRAIL  
**City-St-Zip:** HUDSON, FL 34667

**Title:** MGRM  
**Name:** STALEY, BARBARA J  
**Address:** 10308 SARANAC TRAIL  
**City-St-Zip:** HUDSON, FL 34667

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: KIRK A STALEY

MGRM

04/13/2011

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