

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016582

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** HOMETOWN ENTERPRISES LLC

**Current Principal Place of Business:**

PO BOX 412  
MACCLENNY, FL 32063

**New Principal Place of Business:**

461 ISLAMORADA DR S  
MACCLENNY, FL 32063

**Current Mailing Address:**

PO BOX 412  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 20-2432140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILDS, DOUGLAS L MR  
461 ISLAMORADA DR S  
MACCLENNY, FL 32063 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: WILDS, DOUGLAS  
Address: 461 ISLAMORADA DR S  
City-St-Zip: MACCLENNY, FL 32063

Title: MGR ( ) Delete  
Name: WILDS, TRACY  
Address: 461 ISLAMORADA DR S  
City-St-Zip: MACCLENNY, FL 32063

**ADDITIONS/CHANGES:**

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:** DOUGLAS WILDS

MGRM

01/04/2008

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