

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021629

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOMEWORKS RECOVERY SERVICES, LLC

Current Principal Place of Business:

517 7TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

517 7TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 20-3035599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, CYNTHIA H MS.
517 7TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 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: MGR () Delete
Name: RUSSO, CYNTHIA H
Address: 517 7TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGMR () Delete
Name: VESCE, VICTORIA L
Address: 2095 EL-LAGO WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGMR () Delete
Name: SHACTER, JOSEPH B ESQUIRE
Address: 4720 SALISBURY ROAD SUITE 13
City-St-Zip: JACKSONVILLE, FL 32256

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: CYNTHIA H. RUSSO

MGR

04/30/2009

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