

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L05000036930 1. Entity Name HOME TRANSFORMATIONS, LLC	
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Principal Place of Business 1 ALMOND LN OCALA, FL 34472 US	Mailing Address 1 ALMOND LN OCALA, FL 34472 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3130870	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JONES, BRIAN A
1 ALMOND LN
OCALA, FL 34472**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, BRIAN A 1 ALMOND LN OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, PRISCILLA M 1 ALMOND LN OCALA, FL 34472
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03/27/08-80068-024 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Priscilla Jones* 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #