

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90084 014 \*\*\*138.75

**DOCUMENT # L05000040582**

1. Entity Name

HOMETOWN AGENTS, LLC



Principal Place of Business

2008 HIGHWAY 41W  
INVERNESS FL 34453  
US

Mailing Address

2008 HIGHWAY 41W  
INVERNESS FL 34453  
US

2. Principal Place of Business - No P.O. Box #

2008 HWY 44 W

Suite, Apt. #, etc.

3. Mailing Address

2008 HWY 44 W

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34453

Country

USA

City & State

Inverness, FL

Zip

34453

Country

USA

4. FEI Number

20-3318452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

STONE, MARK  
2008 HIGHWAY 44W  
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM, ☐ Delete  
NAME STONE, MARK  
STREET ADDRESS 2008 HIGHWAY 44W  
CITY-ST-ZIP INVERNESS FL 34453

TITLE MGR ☐ Delete  
NAME MCMURRAY, THOMAS M  
STREET ADDRESS P.O. BOX 640849  
CITY-ST-ZIP BEVERLY HILLS FL 34464

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS M. MCMURRAY

3/11/08