

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040582

FILED
Apr 16, 2009
Secretary of State

Entity Name: HOMETOWN AGENTS, LLC

Current Principal Place of Business:

2008 HIGHWAY 44 W
INVERNESS, FL 34453 US

New Principal Place of Business:

699 SOUTH ADOLPH POINT
LECANTO, FL 34461 US

Current Mailing Address:

2008 HIGHWAY 44 W
INVERNESS, FL 34453 US

New Mailing Address:

699 SOUTH ADOLPH POINT
LECANTO, FL 34461 US

FEI Number: 20-3318452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, MARK
2008 HIGHWAY 44W
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

STONE, MARK
699 SOUTH ADOLPH POINT
LECANTO, FL 34461 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STONE, MARK
Address: 2008 HIGHWAY 44W
City-St-Zip: INVERNESS, FL 34453

Title: MGR () Delete
Name: MCMURRAY, THOMAS M
Address: P.O. BOX 640849
City-St-Zip: BEVERLY HILLS, FL 34464

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STONE, MARK
Address: 699 SOUTH ADOLPH POINT
City-St-Zip: LECANTO, FL 34461

Title: MGR (X) Change () Addition
Name: MCMURRAY, THOMAS M
Address: 699 SOUTH ADOLPH POINT
City-St-Zip: LECANTO, FL 34461

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: MARK STONE

MGRM

04/16/2009

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