

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007733

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** HOLMES FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

16850 S. HWY 441, SUITE 304  
SUMMERFIELD, FL 344918657 US

**New Principal Place of Business:**

16850 S. HWY 441  
SUITE 304  
SUMMERFIELD, FL 344918657 US

**Current Mailing Address:**

16850 S. HWY 441, SUITE 304  
SUMMERFIELD, FL 344918657 US

**New Mailing Address:**

16850 S. HWY 441  
SUITE 304  
SUMMERFIELD, FL 344918657 US

**FEI Number:** 20-4166974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIAZ, JINKY  
16850 S. HWY 441  
SUITE 304  
SUMMERFIELD, FL 344918657 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  
**Name:** DIAZ, JINKY MGRM  
**Address:** 16850 S. HWY 441, SUITE 304  
**City-St-Zip:** SUMMERFIELD, FL 344918657 US

I hereby 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:** JINKY DIAZ

MGR

01/09/2010

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