

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068364

FILED
Jan 05, 2009
Secretary of State

Entity Name: MCCARTY HOME SERVICES LLC

Current Principal Place of Business:

236 MAGNOLIA RIDGE NORTH
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

58 MOUNT ZION RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

236 MAGNOLIA RIDGE NORTH
CRAWFORDVILLE, FL 32327

New Mailing Address:

58 MOUNT ZION RD
CRAWFORDVILLE, FL 32327

FEI Number: 57-1240182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTY, MICHAEL K
236 MAGNOLIA RIDGE NORTH
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

MCCARTY, MICHAEL K
58 MOUNT ZION RD
CRAWFORDVILLE, FL 32327 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: MICHAEL MCCARTY

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCARTY, MICHAEL
Address: 236 MAGNOLIA RIDGE NORTH
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCARTY, MICHAEL
Address: 58 MOUNT ZION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MICHAEL MCCARTY

MGRM

01/05/2009

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