L00000083915

•		
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming Officer.		
		



200092278672

03/16/07--01010--006 **35.00

O7 APR 17 AH II: 33
SECRETARY OF STATE
AND AHASSEE FLORID

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hometown lead ESTATE Services LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Regen Miller (Name of Person) Hometown Real (Firm/Company)	ESTATE Service FELT	
95 Secret Harbor Dri (Address) Miramar Beach FL (City/State and Zip Code)	ARY OF STATE SSEE FLORIDA 3250	
For further information concerning this matter, ple	ase call:	
Regen Miller at (Some of Person)	(Area Code & Daytime Telephone Number) OC 850 225 9467 Ce.11	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: - Mready Paud		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2007

REGEN MILLER HOMETOWN REAL ESTATE SERVICES LLC 25 OLD KINGS RD. NORTH SUITE 3 A 1/2 PALM COAST, FL 32137

SUBJECT: HOMETOWN REAL ESTATE SERVICES LLC

Ref. Number: L06000083915

We have received your document for HOMETOWN REAL ESTATE SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

07 APR 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Letter Number: 307A00018885

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.)8, Florida Statutes, the undersigned limited r to change its registered office or registered		
1. The name of the limited liability company is:	estown Real Estate Serv.		
2. The mailing address of the limited liability company is:	25 Old Kings Rd North.		
Suite 3A 1/2 Pain Coo	st FL 32137 .		
Swite 3A 1/2 Pain Coo 8-24-2000	L 060000 839 15		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State: - Legen Miller Name SDD N. Olean Address Address City, State and 2 6. The name and address of the new registered agent and/or Legen Miller Name Secret Harber Florida street address (P.O. Box	DRIVE DEVELOPMENT DEVELOPMENT		
Miramar Beach FL 32550 City, State and Zip			
City, State and Zi	p		
If the limited liability company is not organized under the leant confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
(Signature of a member or authorized representative of a member)	•		
REGENMILLER	-		
(Printed or typed name of signee) Lhereby accept the appointment as registered agent and as	ree to act in this canacity. I further agree to		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company (Signature of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314		

FILING FEE: \$25.00