

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117067

Entity Name: HOME ENCOUNTER, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1250 E 113TH AVE.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 76622  
TAMPA, FL 33675 US

**New Mailing Address:**

POST OFFICE BOX 82430  
TAMPA, FL 33682 US

FEI Number: 20-8636926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHY, PETER K  
13022 TERRACE BROOK PLACE  
TEMPLE TERRACE, FL 33637 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: MGR  
Name: MURPHY, PETER K  
Address: 13022 TERRACE BROOK PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGR  
Name: CLARK, CHASE Y  
Address: 8002 TERRACE RIDGE DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MGR  
Name: VAN ROOYEN, BRAD  
Address: 18902 DUQUESNE DR  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: VAN ROOYEN, KIMBERLY A  
Address: 18902 DUQUESNE DR  
City-St-Zip: TAMPA, FL 33647

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: KIMBERLY VAN ROOYEN

MGR

01/06/2010

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