2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000002715

Entity Name: HOME COMPANION SPECIALISTS, LLC

Current Principal Place of Business:

3 WEST GARDEN ST, STE 382
PENSACOLA, FL 32502

New Principal Place of Business:

3 WEST GARDEN ST,
SUITE 318
PENSACOLA, FL 32502 56

Current Mailing Address:

3 WEST GARDEN ST, STE 382
PENSACOLA, FL 32502

New Mailing Address:

3 WEST GARDEN ST
SUITE 318
PENSACOLA, FL 32502

FEI Number: 20-8182724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFF, JENNY L
124 W. MALLORY ST.
PENSACOLA, FL 32501 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 ( ) Delete
Name: WOLFF, DAVID E
Address: 124 W. MALLORY ST.
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete
Name: WOLFF, PATRICK R
Address: 124 W. MALLORY ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JENNY L. WOLFF RA 03/20/2009

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