

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013886

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOME-KEY FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

1719 NE 1ST PLACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1719 NE 1ST PLACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-8741144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROSS, KENNETH J
1719 NE 1ST PLACE
CAPE CORAL, FL 33909 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 () Delete
Name: CROSS, KENNETH
Address: 1719 NE 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM () Delete
Name: CASTELLANOS, TOMMERLEE
Address: 1719 NE 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33909

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: TOMMERLEE A. CASTELLANOS

MGRM

04/27/2009

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