2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053678

Entity Name: HOME SERVICES OF TALLAHASSEE LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

2121 KILLARNEY WAY 4697 N MONROE ST SUITE A TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32309

New Mailing Address: Current Mailing Address:

2121 KILLARNEY WAY 4697 N MONROE ST SUITE A TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32309

FEI Number: 26-2015397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RUDD, LAMAR RUDD, LAMAR 2121-A KILLARNEY WAY 4697 N MONROE ST TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32309 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: LAMAR RUDD 04/30/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition

RUDD, JOSH RUDD, JOSH Name: Name: 2121-A KILLARNEY WAY Address: 4697 N MONROE ST Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM Title: MGRM (X) Change () Addition () Delete

RUDD, LAMAR Name: RUDD, LAMAR Name:

Address: 2121-A KILLARNEY WAY Address: 4697 N MONROE ST City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete Title: MGR () Change (X) Addition

CHAPMAN, CARTER Name: Name:

Address: Address: 4526

City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: KIRK, TYLER D Address: Address: 2126 FOSTER DR

City-St-Zip: City-St-Zip: TALLAHASSE, FL 32303 US

Title: () Delete Title: MGRM () Change (X) Addition

RUDD, MEGAN L Name: Name: 415 ASHTON CT Address: Address: City-St-Zip: City-St-Zip: QUINCY, FL 32352

Title: () Delete Title: () Change (X) Addition

RUDD, MOLLIE R Name: Name: Address: Address: 415 ASHTON CT QUINCY, FL 32352 City-St-Zip: 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: LAMAR RUDD **MGRM** 04/30/2009