2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# L07000053678

Entity Name: HOME SERVICES OF TALLAHASSEE LLC

Current Principal Place of Business:

4697 N MONROE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

415 ASHTON CT
QUINCY, FL 32352

Current Mailing Address:

4697 N MONROE ST
TALLAHASSEE, FL 32303

New Mailing Address:

415 ASHTON CT
QUINCY, FL 32352

FEI Number: 26-2015397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUDD, LAMAR
4697 N MONROE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

RUDD, LAMAR
415 ASHTON CT
QUINCY, FL 32352 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 05/04/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RUDD, JOSH
Address: 35 POST PLANT RD
City-St-Zip: QUINCY, FL 32352 US

Title: MGRM
Name: RUDD, LAMAR
Address: 415 ASHTON CT
City-St-Zip: QUINCY, FL 32352 US

Title: MGR
Name: CHAPMAN, CARTER
Address: 6071 STONLER RD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR
Name: KIRK, TYLER D
Address: 2126 FOSTER DR
City-St-Zip: TALLAHASSE, FL 32303 US

Title: MGRM
Name: RUDD, SARAH L
Address: 35 POST PLANT RDQ
City-St-Zip: QUINCY, FL 32352

Title: MGRM
Name: RUDD, MOLLIE R
Address: 415 ASHTON CT
City-St-Zip: QUINCY, FL 32352

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 Statues.

SIGNATURE: LAMAR RUDD MGRM 05/04/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date