

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091116

Entity Name: ALWAYS AT HOME, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

124 8TH STREET
BELLEAIR BEACH, FL 33786

New Principal Place of Business:

450 41ST AVE S.
ST. PETERSBURG, FL 33705

Current Mailing Address:

124 8TH STREET
BELLEAIR BEACH, FL 33786

New Mailing Address:

450 41ST AVE S.
ST. PETERSBURG, FL 33705

FEI Number: 26-1437027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOYLE, MARIE E
124 8TH STREET
BELLEAIR BEACH, FL 33786 US

Name and Address of New Registered Agent:

DOYLE, MARIE E
201 39TH STREET S.
ST. PETERSBURG, FL 33711 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: _____

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOYLE, KEVIN E
Address: 124 8TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGR () Delete
Name: DOYLE, MARIE E
Address: 124 8TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOYLE, KEVIN E
Address: 201 39TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: MGR (X) Change () Addition
Name: DOYLE, MARIE E
Address: 201 39TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

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: MARIE E. DOYLE

MGR

01/07/2009

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