

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007832

Entity Name: HOMEMINDERS OF WEST FLORIDA, LLC

FILED  
Jan 30, 2009  
Secretary of State

**Current Principal Place of Business:**

611 ALLEGHENY DR.  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5710  
SUN CITY CENTER, FL 335715710

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

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

WADE, JACKLYN R  
205 ANDOVER PLACE NORTH  
UNIT E118  
SUN CITY CENTER, FL 33573 US

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

WADE, JACKLYN R  
611 ALLEGHENY  
SUN CITY CENTER, FL 33573 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: JACKLYN R. WADE

01/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: WADE, JACKLYN R  
Address: 205 ANDOVER PLACE NORTH, UNIT E118  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: WADE, JACKLYN R  
Address: 611 ALLEGHENY  
City-St-Zip: SUN CITY CENTER, FL 33573

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: JACKLYN R. WADE

MGR

01/30/2009

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