

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007832

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

**Entity Name:** HOMEMINDERS OF WEST FLORIDA, LLC

**Current Principal Place of Business:**

611 ALLEGHNEY DR.  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

6302 HWY 41S  
#84  
RUSKIN, FL 33570

**Current Mailing Address:**

PO BOX 5710  
SUN CITY CENTER, FL 335715710

**New Mailing Address:**

6302 HWY 41S  
#84  
RUSKIN, FL 33570

**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  
611 ALLEGHENY  
SUN CITY CENTER, FL 33573 US

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

WADE, JACKLYN R  
6302 HWY 41S  
#84  
RUSKIN, FL 33570 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:

07/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WADE, JACKLYN R  
Address: 6302 HWY 41S, #84  
City-St-Zip: RUSKIN, FL 33570

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 Statutes.

SIGNATURE: JACKLYN R. WADE

MGRM

07/19/2010

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