

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021645

FILED
Apr 25, 2009
Secretary of State

Entity Name: HOMEOWNER COUNSELING SERVICE, LLC.

Current Principal Place of Business:

2825 MEADOW OAK DR E
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH RD
SUITE 510-262
CLEARWATER, FL 33761

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:

MCGRAW, JOHN
2825 MEADOW OAK DR E
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGRAW, JOHN
Address: 2825 MEADOW OAK DR E
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: MCGRAW, LYNN
Address: 2825 MEADOW OAK DR E
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Delete
Name: MALAGIES, DIDIER
Address: 2416 BAYWOOD DR W
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN MCGRAW

MGRM

04/25/2009

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