

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082498

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** HOME RENOVATION AND RE-SALE SPECIALISTS, LLC

**Current Principal Place of Business:**

7446 MELDIN COURT  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1264  
DESTIN, FL 32540 US

**New Mailing Address:**

**FEI Number:** 94-3439966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEININGER LAW FIRM, P.A.  
114 PALMETTO STREET  
SUITE 8  
DESTIN, FL 32541 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: CROCKETT, KELLI M  
Address: P.O. BOX 1264  
City-St-Zip: DESTIN, FL 32540 US

Title: MGRM ( ) Delete  
Name: HUGHES, THOMAS A  
Address: P.O. BOX 1264  
City-St-Zip: DESTIN, FL 32540

Title: MGRM ( ) Delete  
Name: CROCKETT, DAVID P  
Address: P.O. BOX 1264  
City-St-Zip: DESTIN, FL 32540

**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:** KELLI CROCKETT

MGRM

04/24/2009

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