

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000092296

FILED
Jun 09, 2009
Secretary of State**Entity Name:** HOME FX, LLC**Current Principal Place of Business:**3180 S. FALKENBERG ROAD
RIVERVIEW, FL 33569**New Principal Place of Business:****Current Mailing Address:**3180 S. FALKENBERG ROAD
RIVERVIEW, FL 33569**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARC J. CHAMBERLAND, P.A.
3180 S. FALKENBERG ROAD
TAMPA, FL 33569 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: MARC J. CHAMBERLAND, P.A.
Address: 3180 S. FALKENBERG ROAD
City-St-Zip: TAMPA, FL 33569Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: MARC J. CHAMBERLAND
Address: 3180 S. FALKENBERG ROAD
City-St-Zip: TAMPA, FL 33569Title: MGR () Change (X) Addition
Name: PETRIE, KYLE
Address: 3180 S. FALKENBERG ROAD
City-St-Zip: TAMPA, FL 33569Title: MGR () Change (X) Addition
Name: CROWDER, BARRY
Address: 3180 S. FALKENBERG ROAD
City-St-Zip: TAMPA, FL 33569

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: MARC CHAMBERLAND

MGRM

06/09/2009

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