

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099017

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA HOME COMPANION, LLC

Current Principal Place of Business:

620 NORTH WYMORE ROAD
SUITE 260
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

620 NORTH WYMORE ROAD
SUITE 260
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 26-3625106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID S ESQUIRE
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 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: OSSIN, JACQUELINE N
Address: 620 NORTH WYMORE ROAD, SUITE 260
City-St-Zip: MAITLAND, FL 32751 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: OSSIN, LEE B
Address: 620 NORTH WYMORE ROAD, SUITE 260
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR () Change (X) Addition
Name: OSSIN, ARCHIE MGR
Address: 620 NORTH WYMORE ROAD, SUITE 260
City-St-Zip: MAITLAND, FL 32751 US

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: ARCHIE OSSIN

MGR

01/20/2009

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