

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100957

FILED
Apr 01, 2009
Secretary of State

Entity Name: HOME LIFE FLORIDA REGION, LLC

Current Principal Place of Business:

1483 VESTAVIA CIRCLE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1483 VESTAVIA CIRCLE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 90-0422773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALMA, ROBERT L
1483 VESTAVIA CIRCLE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BURKE, MATTHEW T
1980 N. ATLANTIC AVENUE
SUITE 707
COCOA BEACH, FL 32931 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: MATTHEW T. BURKE, CPA

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: WALMA, ROBERT L
Address: 1483 VESTAVIA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: HARROWSMITH, CYNTHIA A
Address: 1483 VESTAVIA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: GILBERT, JOHNNY L
Address: 3216 SOUTHRIDGE
City-St-Zip: STOCKBRIDGE, GA 30281

Title: P-AB () Delete
Name: WALMA, CURTIS G
Address: 4259 CORSO VENETIA BLVD.
City-St-Zip: VENICE, FL 34293

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:

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: ROBERT L. WALMA

P

04/01/2009

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