

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106001

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** HOME RETENTION SOLUTIONS AND MANAGEMENT, LLC

**Current Principal Place of Business:**

275 BAYSHORE BLVD  
UNIT 1405  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

275 BAYSHORE BLVD  
UNIT 1405  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 26-3870576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KIMBERLY A. SHURTLEFF, PA  
1818 SHORT BRANCH DRIVE  
SUITE 101  
TRINITY, FL 34655 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHURTLEFF, JEFFREY  
Address: 275 BAYSHORE BLVD, UNIT 1405  
City-St-Zip: TAMPA, FL 33606

Title: MGRM (X) Delete  
Name: TAYLOR, KORTNEY  
Address: 1501 W. HORATIO ST.  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

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: JEFF SHURTLEFF

MGRM

07/07/2009

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