

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040609

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** THE HOME TEAM FINANCIAL & DEBT SOLUTIONS, LLC

**Current Principal Place of Business:**

4003 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4003 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 26-4764023      **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:**

LOARTE, HARRY  
4003 EDGEWOOD AVENUE  
FORT MYERS, FL 33916      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:** MGR  
**Name:** LOARTE, HARRY  
**Address:** 4003 EDGEWOOD AVENUE  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** MGR  
**Name:** LOARTE, MARIA E  
**Address:** 4003 EDGEWOOD AVENUE  
**City-St-Zip:** FORT MYERS, FL 33916

I hereby 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:** HARRY LOARTE

MGR

05/05/2010

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