

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095142

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** HOME TEAM CONSULTING LLC

**Current Principal Place of Business:**

27911 CROWN LAKE BLVD  
SUITE 241  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

27911 CROWN LAKE BLVD  
SUITE 241  
BONITA SPRINGS, FL 34135 UN

**Current Mailing Address:**

27911 CROWN LAKE BLVD  
SUITE 241  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

1310 CORSO PALERMO COURT  
SUITE 4  
NAPLES, FL 34107 UN

**FEI Number:** 27-1040153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ETCHECHURY, JAMES A  
27911 CROWN LAKE BLVD  
SUITE 241  
BONITA SPRINGS, FL 34135 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  
**Name:** ETCHECHURY, JAMES A  
**Address:** 27911 CROWN LAKE BLVD  
**City-St-Zip:** BONITA SPRINGS, FL 34135 UN

**Title:** MGRM  
**Name:** ETCHECHURY, MELISSA M  
**Address:** 27911 CROWN LAKE BLVD  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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:** JAMES ETCHECHURY

MR

04/27/2011

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