

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081446

Entity Name: HOME LOAN ALLIANCE, LLC**Current Principal Place of Business:**711 E HENDERSON AVENUE
TAMPA, FL 33602**Current Mailing Address:**P.O. BOX 172990
TAMPA, FL 33672 US**FEI Number:** 20-5395926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEVEREAUX, DEBBIE
711 E HENDERSON AVENUE
TAMPA, FL 33602 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:** DEBBIE DEVEREAUX

02/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name DEBBIE DEVEREAUX
Address 711 E HENDERSON AVENUE
City-State-Zip: TAMPA FL 33602

Title AUTHORIZED REPRESENTATIVE
Name THOMPSON, ROLFE
Address 711 E HENDERSON AVENUE
City-State-Zip: TAMPA FL 33602

Title CHAIRMAN
Name BEST, BRIAN
Address 711 E HENDERSON AVENUE
City-State-Zip: TAMPA FL 33602

Title SECRETARY-TREASURER
Name HAGAN, RICK
Address 711 E HENDERSON
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name BAKER, BRAD
Address 711 E HENDERSON AVENUE
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name SVEHLA, DONA
Address 711 E HENDERSON AVENUE
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLFE THOMPSON**AUTHORIZED
REPRESENTATIVE**

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date