

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001290

FILED
Jan 06, 2009
Secretary of State

Entity Name: HILLCREST ENTERPRISES, L.L.C.

Current Principal Place of Business:

10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 75-2986106 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HILL, DEAN C
10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309 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: MGR () Delete
Name: HILL, DEAN C
Address: 10437 MOCCASIN GAP RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: HILL, SUZANNE R
Address: 10437 MOCCASIN GAP RD
City-St-Zip: TALLAHASSEE, FL 32308

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: DEAN C, HILL

MGR

01/06/2009

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