

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073944

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HERSHEY & ASSOCIATES, LLC

**Current Principal Place of Business:**

10881 HELM COURT  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

10881 HELM COURT  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 26-4758110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HERSHEY, BRUCE J II  
10881 HELM COURT  
NAPLES, FL 34109 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: HERSHEY, BRUCE J II  
Address: 10881 HELM COURT  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: HERSHEY, BRUCE J II  
Address: 10881 HELM COURT  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Change (X) Addition  
Name: SMITH, BRIAN E  
Address: 733 RIVIERA DRIVE  
City-St-Zip: NAPLES, F 34103

Title: SEC ( ) Change (X) Addition  
Name: BARGER, MATTHEW W  
Address: 8752 MUIRFIELD DRIVE  
City-St-Zip: NAPLES, FL 34109

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: BRUCE J HERSHEY

PRES

04/28/2009

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