2006 PLEASE READ ALL INSTRUCTIONS BEFORE COI

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LIMITED LIABILITY COMPANY
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M02000000054

1. Limited Liability Company's Name

Hill Foley Rossi & Associates, LLC

2. Principal Office Address		**3.** Mailing Office Address	
		3525 Mall Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 6A	
City & State		City & State	
		Duluth, GA	
Zip	Country	Zip	Country
		30096	US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 58-2485316 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
CLARENCE B. KENNEDY

Street Address (P.O. Box Number is Not Acceptable)
182 175TH TERRACE DR. E.

Suite, Apt. #, Etc.

City	State	Zip Code
REDINGTON SHORES	FL	33708

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Clarence B. Kennedy Date 24 FEB. 2006
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
manag. member	Jeffrey T. Hill	3525 Mall Blvd	Duluth, GA 30096
managing member	Patrick R. Foley	3525 Mall Blvd	Duluth, GA 30096
	Michael A. Rossi	3525 Mall Blvd	Duluth, GA 30096
	Casey Durden	3525 Mall Blvd	Duluth, GA 30096
	Scott Magar	3525 Mall Blvd	Duluth, GA 30096

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Jeffrey T. Hill Date 2.1.06 Daytime Phone # 770.622.9858

Typed or printed name of signing Managing Member/Manager JEFFREY T. HILL