2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90307 023 ****50.00

DOCUMENT # L05000099564

1. Entity Name

HUSH PROPERTIES OF FLORIDA, LLC

Principal Place of Business	Mailing Address
7992 52ND WAY N PINELLAS PARK FL 33781 US	7992 52ND WAY N PINELLAS PARK FL 33781 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6635 69th Ave N.	6635 69th Ave N.
Suite, Apt. #, etc. Pinellas Park	Suite, Apt. #, etc.
City & State FL	City & State Pinellas Park, FL
Zip 33781 Country	Zip 33781 Country

4. FEI Number 20-3616017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROGRESSIVE ACCOUNTING SOLUTIONS, P.A., 1487 FRANKLIN ST CLEARWATER FL 33755	Name Progressive Accounting Solutions Street Address (P.O. Box Number is Not Acceptable) 1554 S. Ft. Harrison Ave City Clearwater FL Zip Code 33756

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Vice president 1/31/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPOSITO, CARRIE E 7992 52ND WAY N PINELLAS PARK FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6635 69th Ave N. Pinellas Park, FL. 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Carrie Esposito 1/31/07 727-729-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #