

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90037 024 \*\*\*\*50.00

**DOCUMENT # L00000001574**

1. Entity Name

THE HOEHN FAMILY (FLORIDA), LLC



Principal Place of Business

4731 BONITA BAY BLVD, UNIT PH 101  
BONITA SPRINGS FL 34134

Mailing Address

4731 BONITA BAY BLVD, UNIT PH 101  
BONITA SPRINGS FL 34134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1230105

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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: MGRM ☐ Delete  
NAME: HOEHN, ROBERT A  
STREET ADDRESS: ~~11436 HIGH DRIVE~~  
CITY ST ZIP: ~~LEAWOOD KS 66211-3061~~

TITLE: ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 4731 BONITA BAY BLVD, PH-101  
CITY ST ZIP: BONITA SPRINGS, FL 34134

TITLE: MGRM ☐ Delete  
NAME: HOEHN, JUDITH H  
STREET ADDRESS: ~~11436 HIGH DRIVE~~  
CITY ST ZIP: ~~LEAWOOD KS 66211-3061~~

TITLE: ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 4731 BONITA BAY BLVD, PH-101  
CITY ST ZIP: BONITA SPRINGS, FL 34134

TITLE: MGRM ☐ Delete  
NAME: THE KELLEY M HOEHN IRREVOCABLE TRUST  
STREET ADDRESS: 11436 HIGH DRIVE  
CITY ST ZIP: LEAWOOD KS 66211-3061

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
-

TITLE: MBR ☐ Delete  
NAME: THE MICHAEL R HOEHN IRREVOCABLE TRUST  
STREET ADDRESS: 11436 HIGH DRIVE  
CITY ST ZIP: LEAWOOD KS 66211-3061

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
-

TITLE: MBR ☐ Delete  
NAME: THE K. SARAH HOEHN IRREVOCABLE TRUST  
STREET ADDRESS: 11436 HIGH DRIVE  
CITY ST ZIP: LEAWOOD KS 66211-3061

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
-

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
-

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
-

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/07 (239) 949-0573  
Date: Cryptid Phone: #