

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001942

Entity Name: HI-ZI, LLC

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8601 BEACH BLVD  
UNIT 204  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8601 BEACH BLVD  
UNIT 204  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3630402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, NANCY P  
8601 BEACH BLVD  
UNIT 204  
JACKSONVILLE, FL 32216 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: MGRM  
Name: PACE, JOHNSON H  
Address: 135 TRIPLE OAK DRIVE  
City-St-Zip: ANDERSON, SC 29625 US

Title: MGR  
Name: FORD, NANCY PACE  
Address: 8601 BEACH BLVD, UNIT 204  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM  
Name: CHANCEY, MARGARET P  
Address: 4543 BULL RUN ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM  
Name: PACE, JAMES H  
Address: 4083 SUNBEAM ROAD, APT 2313  
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby 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: NANCY PACE FORD

MGR

01/14/2010

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