

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003171

1. Entity Name
HIDEAWAY, LLC



Principal Place of Business
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

Mailing Address
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JAMES R
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TOUNG LAND GROUP INC
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
JOHNS, AJ
6225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
JOHNS, MARK V
6225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
SCHMITT, RYAN M
6225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000263794
03/14/05-80107-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

13405 ✓ (904) 993-2387