

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007121**

1. Entity Name  
**HUTSON & BROCKWAY, P.L.**



Principal Place of Business  
**1110 NW 6TH STREET  
GAINESVILLE, FL 32601**

Mailing Address  
**1110 NW 6TH STREET  
GAINESVILLE, FL 32601**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3644723**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUTSON, BENNETT A  
1110 NW 6TH STREET  
GAINESVILLE, FL 32601**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BROCKWAY, PAUL B  
1110 NW 6 ST.  
GAINESVILLE, FL 32601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HUTSON, BENNETT A  
1110 NW 6 ST  
GAINESVILLE, FL 32601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000778722  
01/11/08-80008-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

**BENNETT A. HUTSON**

**1-8-08**

**(352) 271-8100**

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

Date

Daytime Phone #