

8/5/2002 - 90010-030 - \$55.00 - \$55.0

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO100005254

1. Entity Name

Hill Street, LLC

FILED

02 OCT 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1901 Hill Street

3. Mailing Address

PO Box 1851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Bainbridge - GA

4. FEI Number

59-3745298

Applied For

Not Applicable

Zip

32202-1011

Country

USA

Zip

39818

Country

USA

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SONYA DAWSON

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

3116 Capitol Circle, N.E.

Suite

5

City

Tallahassee

FL

Zip Code

32308

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

10/9/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGR. MemberN.B. REDMOND, JR.1709 Shotwell St.Bainbridge, Georgia 39818

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ASS. MGR. MemberR.L. Mitchell1901 Hill St.Jacksonville, FL 32202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: N.B. REDMOND, JR.

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

Date

Daytime Phone #

CR2E083B (12/01)