

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90283 012 ****50.00

DOCUMENT # L02000008788

1. Entity Name

HUNTER'S TRACE, LLC



Principal Place of Business

549 EAST AVENUE
CLERMONT FL 34711

Mailing Address

549 EAST AVENUE
CLERMONT FL 34711

2. Principal Place of Business

549 EAST AVE.

Suite, Apt. #, etc.

3. Mailing Address

549 EAST AVE.

Suite, Apt. #, etc.

City & State

CLERMONT FL.

City & State

CLERMONT FL.

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKATES, JEFFREY P ESQ.
976 DEL MAR DRIVE
THE VILLAGES FL 32158-1299

7. Name and Address of New Registered Agent

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

Tracy B. Wade

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, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
WADE, TRACY B
549 EAST AVE
CLERMONT FL 34711

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10. ADDITIONS / CHANGES

TITLE
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CITY - ST - ZIP

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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

Tracy B. Wade

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

Date

Daytime Phone #

407-923-
1-26-05 88 8323