

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90289 026 \*\*\*\*50.00

**DOCUMENT # L02000014972**

**1. Entity Name**  
**HOT FIRE GROUP, LLC**



**Principal Place of Business**  
**475 S. CHICKASAW TR**  
**ORLANDO, FL 32825**

**Mailing Address**  
**3132 MATTSON DRIVE**  
**ORLANDO, FL 32825**



03242005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**48-1278904**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**EL HAWARY, AHMED**  
**3132 MATTSON DR**  
**ORLANDO, FL 32825**

**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** MGR  
**NAME** EL-HAWARY, AHMED  
**STREET ADDRESS** 3132 MATTSON DRIVE  
**CITY-ST-ZIP** ORLANDO, FL 32825

**TITLE** MGR  
**NAME** EL-HAWARY, HUSSEIN  
**STREET ADDRESS** 3132 MATTSON DRIVE  
**CITY-ST-ZIP** ORLANDO, FL 32825

**TITLE** MGR  
**NAME** EL-HAWARY, GOZAIL  
**STREET ADDRESS** 3132 MATTSON DRIVE  
**CITY-ST-ZIP** ORLANDO, FL 32825

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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 or 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

**AHMED EL-HAWARY**

**03/24/05 407-761-8100**

Date

Daytime Phone #