

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90017 036 ****50.00

DOCUMENT # L02000020299

1. Entity Name
SPRINGHILL DEVELOPMENT GROUP, LLC



Principal Place of Business

3760 NORTHWEST 83RD STREET
SUITE ONE
GAINESVILLE, FL 32606 US

Mailing Address

3760 NORTHWEST 83RD STREET
SUITE ONE
GAINESVILLE, FL 32606 US



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1424587

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODOR, ANDREW
3760 NORTHWEST 83RD STREET
SUITE ONE
GAINESVILLE, FL 32606

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HODOR, ANDREW
STREET ADDRESS 3760 NORTHWEST 83RD STREET SUITE ONE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE MGR
NAME PARRISH, JAMES M JR
STREET ADDRESS 3760 NORTHWEST 83RD STREET SUITE ONE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

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

Date

Daytime Phone #

352.336.3996