FILED
May 21, 2003 8:00 am
Secretary of State
04-16-2003 90028 034 ****50.00

4/16

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027595

1. Entity Name
HARDWOOD ACRES PUBLISHING, LLC

44002028

Principal Place of Business	Mailing Address
4524 OLDE PLANTATION PLACE DESTIN FL 32541	4524 OLDE PLANTATION PLACE DESTIN FL 32541

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	4. FEI Number
4524 Olde Plantation Pl	PO Drawer 210249	54-2081256
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: Destin, FL	City & State: Montgomery, AL	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required
Zip: 32541 Country: USA	Zip: 36121-0249 Country: USA	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMSTRONG, M. TODD 775 GULF SHORES DRIVE #9122 DESTIN FL 32541	Name: SAME - See #6 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 ✓ Todd Armstrong 4/7/03
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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - Secretary/Treas. ☐ Delete Myers Armstrong 4524 Olde Plantation Pl Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - President ☐ Delete Todd Armstrong 775 Gulf Shores Dr #9122 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #