


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90068 031 ***138.75

DOCUMENT # L02000031315			
1. Entity Name HODGE & SUN GETAWAY, L.L.C.			
Principal Place of Business 800 BAYWAY BLVD., UNIT 20 CLEARWATER BEACH, FL 33767		Mailing Address 845 S. GULFVIEW BLVD. 204 CLEARWATER BEACH, FL 33767	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17817 SE 84 SHELDON TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State THE VILLAGES, FL	
Zip	Country	Zip 32162	Country USA
6. Name and Address of Current Registered Agent HODGE, DONNA MGR 845 S. GULFVIEW 204 CLEARWATER BEACH, FL 33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17817 SE 84 SHELDON TERRACE City THE VILLAGES FL Zip Code 32162	
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 <u><i>Donna Hodge</i></u> <u><i>DONNA HODGE</i></u> <u><i>1-23-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODGE, JUSTIN M PO BOX 17 FENTON, MI 48430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGE, NICOLAS H PO BOX 17 FENTON, MI 48430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Donna Hodge</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u><i>1-23-08 727-459-7193</i></u> <small>Date Daytime Phone #</small>	

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01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0661730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	