2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91000 038 ****55.00

DOCUMENT # L02000031315

1. Entity Name
HODGE & SUN GETAWAY, L.L.C.

Principal Place of Business	Mailing Address
800 BAYWAY BLVD., UNIT 20 CLEARWATER BEACH, FL 33767	800 BAYWAY BLVD., UNIT 20 CLEARWATER BEACH, FL 33767

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0661730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A ESQ.
C/O BUTZEL LONG
801 LAUREL OAK DRIVE, SUITE 705
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: Donna M. Hodge
Street Address (P.O. Box Number is Not Acceptable): 845 S. Gulfview #204
City: Clearwater Beach
FL Zip Code: 33767

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: DONNA M. HODGE Donna M. Hodge 4-23-03
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	manager Donna M. Hodge 845 S. Gulfview #204 Clearwater Beach, FL. 33767	☐ Delete	member Justin M. Hodge P.O. Box 17 Fenton, MI 48430	☐ Change	☒ Addition
		☐ Delete	member James B. Mitchell II P.O. Box 17 Fenton, MI 48430	☐ Change	☒ Addition
		☐ Delete	member Nicolas H. Hodge P.O. Box 17 Fenton, MI 48430	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☒ 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: Donna M. Hodge Manager 4-23-03 727-687-4266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #