

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90027 035 \*\*\*\*50.00

**DOCUMENT # L03000007652**

1. Entity Name  
**HOOCH & HOLLY'S, LLC**



Principal Place of Business  
**36132 EMERALD COAST PARKWAY, SUITE 3  
DESTIN, FL 32541**

Mailing Address  
**36132 EMERALD COAST PARKWAY, SUITE 3  
DESTIN, FL 32541**

**20032516**

2. Principal Place of Business

**2236 E. County Road 30A  
Suite, Apt. #, etc.  
#42**

3. Mailing Address

**4516 Hwy 20 East #230  
Suite, Apt. #, etc.**

03182005 Chg-LLC CR2E083 (10/03)

City & State

**Santa Rosa Beach, FL**

City & State

**Niceville, Florida 32578**

Zip

**32459 US**

Zip

**Florida 32578 US**

6. Name and Address of Current Registered Agent

**BURKE, M. TODD ESQ  
BURKE BLUE & HUTCHISON, P.A.  
215 GRAND BOULEVARD, SUITE 101  
DESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME ABUVALA, CANDACE E  
STREET ADDRESS 36132 EMERALD COAST PARKWAY, SUITE 3  
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGRM ☐ Delete  
NAME SCHOLL, SHELLEY W  
STREET ADDRESS 36132 EMERALD COAST PARKWAY, SUITE 3  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**S Shelley Scholl**

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

**4/11/05**

Date

**850-837-1960**

Daytime Phone #