

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90009 013 \*\*\*\*50.00

**DOCUMENT # L03000007652**

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



Principal Place of Business  
**2236 E COUNTRY ROAD 30A  
# 42  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**4516 HWY 20 EAST  
# 230  
NICEVILLE, FL 32578**

**20037788**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**22-3895071**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

TITLE  
NAME  
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CITY - ST - ZIP  
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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:**

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

Date

Daytime Phone #

*S Shelley Scholl* *Member Manager*

*4/16/06* *850-225-1437*