

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000010465

1. Entity Name

Z HOLLOWAY INVESTMENTS, LLC



Principal Place of Business

**3520 N.W. 143RD STREET
GAINESVILLE, FL 32606**

Mailing Address

**3520 N.W. 143RD STREET
GAINESVILLE, FL 32606**



01282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0512874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, CRAIG W
1531 S.E. 36TH AVENUE, SUITE E
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

0000000820522
02/18/08-80031-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLLOWAY, BETTE L
3520 N.W. 143RD STREET
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLLOWAY, PAUL H
3520 N.W. 143RD STREET
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLLOWAY, MICHAEL
8440 SE 16TH TERR
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLLOWAY, KATHRYN
8440 SE 16TH TERR
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Bette L Holloway*

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

Feb 06 2008

Date

Daytime Phone #

*352 -
332-0339*