

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000023349

1. Entity Name
H-TRY, LLC



Principal Place of Business
815 PEACOCK PLAZA
KEY WEST, FL 33040

Mailing Address
815 PEACOCK PLAZA
KEY WEST, FL 33040



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0059624

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E ESQ
FELDMAN KOENIG & HIGHSMITH, PA
3158 NORTHSIDE DR
KEY WEST, FL 33040

**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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OROPEZA, SCOTT G
815 PEACOCK PLAZA
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HIGHSMITH, ROBERT E
815 PEACOCK PLAZA
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KOENIG, TIMOTHY J
815 PEACOCK PLAZA
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000850353
03/24/08-80003-003 138.75

**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:

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

Date

Daytime Phone #