2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 29, 2005 8:00 am
Secretary of State
08-11-2005 90066 045 ****61.25

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1. Entity Name
HOTZSPOTZ, LLC

Principal Place of Business	Mailing Address
909 NW 87TH DRIVE GAINESVILLE, FL 32606 US	PO BOX 12665 GAINESVILLE, FL 32604 US

DO NOT WRITE IN THIS SPACE

08082005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0154947
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, STAFFORD
909 NW 87TH DRIVE
GAINESVILLE, FL 32606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JONES, STAFFORD
STREET ADDRESS	PO BOX 12665
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 08-26-05 352-256-4579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #