

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000028161 1. Entity Name HI-ALI OF NORTHEAST FLORIDA, LLC	
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Principal Place of Business 7530 MERRILL ROAD JACKSONVILLE, FL 32277	Mailing Address 7530 MERRILL ROAD JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE



03042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2381995	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, JEFF C
7530 MERRILL ROAD
JACKSONVILLE, FL 32277

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

000000851024
03/25/08-80022-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JEFF C 7530 MERRILL RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, PETER X 11359 OLD ST. AUGUSTINE RD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, BRYAN 8119 POINTE MEADOWS DR. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ **3/5/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #