# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# L03000028161

**Entity Name:** HI-ALI OF NORTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

7530 MERRILL ROAD
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

7530 MERRILL ROAD
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number: 56-2381995** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, JEFF C
7530 MERRILL ROAD
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | WOODS, JEFF C | |
| Address: | 7530 MERRILL RD | |
| City-St-Zip: | JACKSONVILLE, FL 32277 | |
| Title: | D | ( ) Delete |
| Name: | PRINCE, PETER X | |
| Address: | 11359 OLD ST. AUGUSTINE RD | |
| City-St-Zip: | JACKSONVILLE, FL 32258 | |
| Title: | D | ( ) Delete |
| Name: | FLOOD, BRYAN | |
| Address: | 8119 POINTE MEADOWS DR. | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF C WOODS PRES 04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date