

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 012 ****50.00

DOCUMENT # L03000030859

1. Entity Name
HFFV, LLC



Principal Place of Business
1485 SE ST. LUCIE BLVD
STUART, FL 34996

Mailing Address
1485 SE ST. LUCIE BLVD
STUART, FL 34996



04272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0837444	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFLER, OSWALD W JR.
1485 SE ST. LUCIE BLVD
STUART, FL 34996

**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

Oswald W. Hoffler

Signature, typed or printed name of registered agent, or title if not applicable.

(NOTE: Registered Agent signature required when reinstating)

April 27, 2005

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFLER, OSWALD W JR. 1485 SE ST. LUCIE BLVD STUART, FL 34996
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IN THIS SPACE**

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:

Oswald W. Hoffler

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

April 27, 2005 772-283-8355

Date

Daytime Phone #