

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State**DOCUMENT # L03000038548**1. Entity Name
TIMOTHY HILLEY ATTORNEY AT LAW, L.L.C.Principal Place of Business
1031 US HIGHWAY 90 WEST,
SUITE 3
DEFUNIAK SPRINGS, FL 32433Mailing Address
1031 US HIGHWAY 90 WEST
SUITE 3
DEFUNIAK SPRINGS, FL 32433

04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-0299167Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLEY, TIMOTHY W
1031 US HIGHWAY 90 WEST
SUITE 3
DEFUNIAK SPRINGS, FL 32433**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
MGR
HILLEY, TIMOTHY W
1031 US HIGHWAY 90 WEST, SUITE 3
DEFUNIAK SPRINGS, FL 32433TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000927753
05/21/08-80001-024 138.75**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

4-30-08 850-951-2405

Date

Daytime Phone #