

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000040075

1. Entity Name
HOSE & ACCESSORIES, LLC



Principal Place of Business
P.O. BOX 60
EATON PARK, FL 33480

Mailing Address
P.O. BOX 60
EATON PARK, FL 33480



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0406228

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAIL, CHARLIE
2530 MCJUNKIN RD.
LAKELAND, FL 33803

**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	MGR
NAME	DAIL, CHARLIE
STREET ADDRESS	2530 MCJUNKIN RD.
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

1000000936185
05/23/08-80101-015 138.75

**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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

(863) 665-3838

Daytime Phone #