

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90375 012 \*\*\*\*55.00

**DOCUMENT # L03000041024**

1. Entity Name  
**MONEY DUDLEY, LLC**



Principal Place of Business Mailing Address  
**5770 W. IRLO BRONSON MEMORIAL HWY, #129 5770 W. IRLO BRONSON MEMORIAL HWY, #129**  
**KISSIMMEE, FL 34746 KISSIMMEE, FL 34746**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**83-0374772**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNDLEY, GREGORY C**  
**5770 W. IRLO BRONSON MEMORIAL HWY, #129**  
**KISSIMMEE, FL 34746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HUNDLEY, GREGORY  
STREET ADDRESS 1035 NASH DR  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGRM ☒ Change ☐ Addition  
NAME Hundley, Gregory  
STREET ADDRESS 5770 W. Irlo Bronson M. Hwy, Ste 129  
CITY-ST-ZIP Kissimmee, Fl. 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition  
NAME Hundley, Charles D.  
STREET ADDRESS 5770 W. Irlo Bronson M. Hwy, Ste. 129  
CITY-ST-ZIP Kissimmee, Fl. 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/05 401 397-9300, X315