

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L03000045498

1. Entity Name
HALE FAMILY, LLC



Principal Place of Business
**8965 PALM BREEZE TERR
VERO BEACH, FL 32963**

Mailing Address
**PO BOX 700247
WABASSO, FL 32970**



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0450349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALE, SUSAN B
8965 PALM BREEZE TERR
WABASSO, FL 32970**

**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 HALE, A. DEXTER
STREET ADDRESS 305 HYLANDE DR.
CITY-ST-ZIP GREAT FALLS, MT 59405

TITLE MGR
NAME HALE, SUSAN B
STREET ADDRESS 8965 PALM BREEZE TERR
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

1/24/08

Date

(772) 231-9519

Daytime Phone #