

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045501

1. Entity Name
HALE GROVE 8, LLC



Principal Place of Business

**PO BOX 700217
WABASSO, FL 32970**

Mailing Address

**PO BOX 700217
ATTN: SUSAN HALE
WABASSO, FL 32970**



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALE, SUSAN B
9255 NORTH UNITED STATES HIGHWAY ONE
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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000403967
02/06/06-80028-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HALE, SUSAN B
STREET ADDRESS	PO BOX 700217
CITY-ST-ZIP	WABASSO, FL 32970
TITLE	MGR
NAME	HALE, A. DEXTER
STREET ADDRESS	305 HYLANDE DR.
CITY-ST-ZIP	GREAT FALLS, MT 59405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Susan B. Hale **SUSAN B. HALE** 1-24-06

772-581-7741

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

Date

Daytime Phone #