

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90385 049 ****50.00

DOCUMENT # L03000045502

1. Entity Name
HALE 9085 US1, LLC



Principal Place of Business
**PO BOX 700217
WABASSO, FL 32970**

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

20022301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HENRY, THORNTON M
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401**

Name **SUSAN B. HALE**

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

9255 N. U.S. Hwy 1

City **WABASSO**

FL

Zip Code **32970**

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: *Susan B. Hale*

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

3-15-05

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **HALE, SUSAN B.**
CITY-ST-ZIP **PO BOX 700217
WABASSO, FL 32970**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HALE, A. DEXTER**
CITY-ST-ZIP **305 HYLANDE DR.
GREAT FALLS, MT 59405**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(i), 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*

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

SUSAN B. HALE 3-15-05 (772) 581-7741

Date

Daytime Phone #