

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047474

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: C. D. HOLLEY COMPANY, LLC

**Current Principal Place of Business:**

PO BOX 1273  
WEWAHITCHKA, FL 32465

**New Principal Place of Business:**

194 BETTY RAE DRIVE  
WEWAHITCHKA, FL 32465

**Current Mailing Address:**

PO BOX 1273  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

FEI Number: 74-3123247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATLOCK, GEORGE V  
1545 RAYMOND DIEHL RD  
SUITE 250  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HOLLEY, CHARLES D  
Address: PO BOX 1273  
City-St-Zip: WEWAHITCHKA, FL 32465

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES D HOLLEY

MGRM

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date