

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000052904

1. Entity Name

ALBERT A. HILL LLC



Principal Place of Business

11520 N.E. 234 PL. RD.
ORANGE SPRINGS FL 32182

Mailing Address

PO BOX 299
ORANGE SPRINGS FL 32182



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-0426062

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

HILL, ALBERT A
11520 N.E. 234 PL. RD.
ORANGE SPRINGS FL 32182

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 the filer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

000000842964
03/11/08-80051-013 138.75

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR

HILL, ALBERT A

11520 N.E. 234 PL. RD.

ORANGE SPRINGS FL 32182

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Albert A. Hill

Albert A. Hill

2/25/08

352 546 2139

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

Date

Distance Price