

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 30, 2004 8:00 am
Secretary of State

03-24-2004 90299 041 ****50.00

DOCUMENT # L03000054052					
1. Entity Name HUNTER B, LLC					
Principal Place of Business 8588 STARKEY RD, SUITE A LARGO, FL 33770			Mailing Address 8588 STARKEY RD, SUITE A LARGO, FL 33770		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		03032004 Chg-LLC CR2E083 (10/03)			
4. FEI Number 55-0856446				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLINGER, BRIDGET 8588 STARKEY RD, SUITE A LARGO, FL 33770				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
President Bridget Bellinger 8588 Starkey Rd, Suite A Largo, FL 33770					
Delete ☐			Change ☐ Addition ☐		
Delete ☐			Change ☐ Addition ☐		
Delete ☐			Change ☐ Addition ☐		
Delete ☐			Change ☐ Addition ☐		
Delete ☐			Change ☐ Addition ☐		
Delete ☐			Change ☐ Addition ☐		
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: <i>[Signature]</i>					
Date _____ Daytime Phone # _____					