

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-06-2005 90021 002 ****50.00

DOCUMENT # L03000055941					
1. Entity Name HADLEY HOLDINGS, L.C.					
Principal Place of Business 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990			Mailing Address 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0724057				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KRESER, LOUIS J 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990				7. Name and Address of New Registered Agent 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 _____ <i>Louis Kresel</i> LOUIS KRESER 3/31/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)				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 NAME STREET ADDRESS CITY - ST - ZIP	MGR KRESER, LOUIS J 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRESER, PENELOPE S 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 808, Florida Statutes.					
SIGNATURE: _____ <i>Louis Kresel</i> LOUIS KRESER 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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