

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055967

1. Entity Name
HILLS MASONRY LLC



FILED

05 APR 29 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2444 CLASSIE ALLEN LN.
TALLAHASSEE, FL 32311

Mailing Address
2444 CLASSIE ALLEN LN.
TALLAHASSEE, FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0221524

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

HILLS, ANTHONY
2444 CLASSIE ALLEN LN.
TALLAHASSEE, FL 32311

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
MGRM
HILLS, ANTHONY
2444 CLASSIE ALLEN LN.
TALLAHASSEE, FL 32311 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLEN HILLS, FELICIA
2444 CLASSIC ALLEN LN
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
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CITY-ST-ZIP
300052863203
04/29/05--01005--001 ***125.00 ☐ Change ☐ Addition

TITLE
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☐ 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: Anthony T. Hills

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

Date

Daytime Phone #