2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90074 025 ****55.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000000330

1. Entity Name
HIDEFSPEX, LLC

Principal Place of Business	Mailing Address
31 N. ORANGE AVENUE SARASOTA FL 34236	31 N. ORANGE AVENUE SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address
2250 GULF GATE DR	2250 GULF GATE DR.
Suite, Apt. #, etc. H	Suite, Apt. #, etc. H.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34231 / Country SARASOTA	Zip 34231 / Country SARASOTA

4. FEI Number 20-0557041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PILLA, CARLO
31 N. ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name PHILIP M. PILLA.
Street Address (P.O. Box Number is Not Acceptable) 425 TITIAN DR.
City OSPREY FL Zip Code 34229

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] [signature] 1-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTIRE, LARRY R 31 N. ORANGE AVENUE SARASOTA FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PHILIP M. PILLA. 425 TITIAN DR OSPREY FL 34229	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILLA, CARLO 425 TITIAN DRIVE OSPREY FL 34229	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES RYAN F. PILLA 308 W. SHORE RD AMAGANSETT, NY 11930	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE [signature] 1-22-05 9419257144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #