

DOCUMENT# L04000002383

Entity Name: HOPPES &amp; ASSOCIATES, LLC

**Current Principal Place of Business:**

16029 GLEN HAVEN DR  
TAMPA, FL 33618

**New Principal Place of Business:****Current Mailing Address:**

16029 GLEN HAVEN DR  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOPPE, TIMOTHY G  
16029 GLEN HAVEN DR  
TAMPA, FL 33618 US

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.

SIGNATURE: TIMOTHY G. HOPPES

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOPPE, TIMOTHY G MGR  
Address: 16029 GLEN HAVEN DRIVE  
City-St-Zip: TAMPA, FL 33618 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: HOPPES, PATRICIA C  
Address: 16029 GLEN HAVEN DR.  
City-St-Zip: TAMPA, FL 33618 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY G. HOPPE

MGR

10/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date