


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90033 005 \*\*\*138.75

<b>DOCUMENT # L04000002965</b> 1. Entity Name <b>HAROLD W. HUNTER, LLC</b>					
Principal Place of Business <b>803 MADISON AVENUE DAYTONA BEACH, FL 32114 US</b>			Mailing Address <b>803 MADISON AVENUE DAYTONA BEACH, FL 32114 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>656 LPGA Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Holly Hill, FL</b>			
Zip	Country	Zip <b>32117</b>	Country <b>US</b>	4. FEI Number <b>59-3264679</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>HUNTER, HAROLD W JR. 656 LPGA BLVD. HOLLY HILL, FL 32117</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUNTER, HAROLD W JR. 656 LPGA BLVD. HOLLY HILL, FL 32117</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Harold W. Hunter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-28-08/3867553203</b> <small>Date Daytime Phone #</small>		

