

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006966

1. Entity Name
A.H. LLC



FILED

05 APR 12 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10460 BETMARK ROAD
PENSACOLA, FL 32534 US

Mailing Address

10460 BETMARK ROAD
PENSACOLA, FL 32534 US

2. Principal Place of Business

10460 Betmark

3. Mailing Address

Suite, Apt. #, etc.

01312005 Chg-LLC CR2E083 (10/03)

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

432040329

Applied For

Not Applicable

Zip

32534

Country

Esc

Zip

32534

Country

Esc

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

HAYS, ARTHUR
10460 BETMARK ROAD
PENSACOLA, FL 32534

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAYS, ARTHUR
10460 BETMARK ROAD
PENSACOLA, FL 32534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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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:

Arthur Hays

3-31-05

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

Date

Daytime Phone #