2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008416

1. Entity Name
H & O PETROLEUM HOLDINGS COMPANY, LLC

Principal Place of Business	Mailing Address
13412 57TH PLACE SOUTH WELLINGTON, FL 33467	13412 57TH PLACE SOUTH WELLINGTON, FL 33467

u0004477

01042008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-4353563	Not Applicable

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

6. Name and Address of Current Registered Agent

HOET, FRANKLIN T
13412 57TH PLACE S
WELLINGTON, FL 33467

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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.
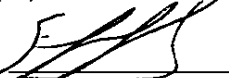
SIGNATURE _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOET, FRANKLIN T
STREET ADDRESS	13412 57TH PLACE S
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	MGRM
NAME	HOET, FRANKLIN D
STREET ADDRESS	13349 60TH ST SOUTH
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ FRANKLIN HOET
- MGRM -   1/8/08   (561) 543-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #