


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000013203	
1. Entity Name HALE'S HOME SERVICES LTD. CO.	

Principal Place of Business 1091 GARDENIA ST. SEBASTIAN FL 32958	Mailing Address 1091 GARDENIA ST. SEBASTIAN FL 32958
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Sebastian</i>	City & State <i>Sebastian</i>
Zip <i>32958</i>	Country <i>U.S.A.</i>

2nd MOORE CR2E083 (4/08)

4. FEI Number 59-5447050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HALE, ROBERT L JR 1091 GARDENIA ST. SEBASTIAN FL 32958
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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 <i>Robert L Hale Jr</i> DATE 5-20-08
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FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State.
Due By September 3, 2008

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALE, ROBERT L JR 1091 GARDENIA ST. SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000952330 06/04/08-80073-019 138.75 <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

SIGNATURE:

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

Date

Daytime Phone #