# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 29, 2005**
**Secretary of State**

DOCUMENT# L04000014226

**Entity Name:** HOLLINGSWORTH FACTORS LLC

**Current Principal Place of Business:**

95 BAY BRIDGE
GULF BREEZE, FL 32561

**New Principal Place of Business:**

5201 ATLANTIC BLVD. #292
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

5201 ATLANTIC BLVD. #292
JACKSONVILLE, FL 32207

**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:**

HOLLINGSWORTH, JULIE N
95 BAY BRIDGE
GULF BREEZE, FL 32561 US

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

HOLLINGSWORTH, JULIE N
5201 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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: JULIE HOLLINGSWORTH 03/29/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: HOLLINGWORTH, JULIE
Address: 5201 ATLANTIC BLVD. #292
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIE HOLLINGSWORTH MGR 03/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date