

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014226

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** HOLLINGSWORTH FACTORS LLC

**Current Principal Place of Business:**

8730 MATHONIA AVE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

1180 ELM ST  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

8730 MATHONIA AVE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

1180 ELM ST  
ORANGE PARK, FL 32073 US

**FEI Number:** 01-0852603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLINGSWORTH, JULIE  
8730 MATHONIA AVE  
JACKSONVILLE, FL 32211 US

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

HOLLINGSWORTH, JULIE  
1180 ELM ST.  
ORANGE PARK, FL 32073 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

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SEWELL, ELIZABETH  
Address: 8509 ALTON AVE  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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: ELIZABETH SEWELL

MGR

02/17/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date