2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L04000024184

Entity Name: HOLLOWSKY ENTERPRISES, LLC

Current Principal Place of Business:

272-276 STATE ROAD 312
RIVERSIDE CENTER
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

272-276 STATE ROAD 312
RIVERSIDE CENTER
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-0932273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLOWSKY, WILLIAM F
208 SHADOWRIDGE CT
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOLLOWSKY, WILLIAM F
Address: 208 SHADOWRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete
Name: HOLLOWKSY, DAWN O
Address: 208 SHADOWRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Delete
Name: HOLLOWSKY, WILLIAM E
Address: 123 CYPRESS VIEW ROAD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM F HOLLOWSKY MGRM 04/13/2009

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