

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90056 043 ****50.00

DOCUMENT # L04000031463

1. Entity Name

PAUL (PETE) J HURLEY "LLC"



Principal Place of Business

270 WESTFIELD COURT
MELBOURNE FL 32934

Mailing Address

270 WESTVIEW COURT
MELBOURNE FL 32934

2. Principal Place of Business - No P.O. Box #

270 Westview CT

3. Mailing Address

270 Westview CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

77-0611042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

Zip

32934

Country

Brevard

Zip

32934

Country

Brevard

6. Name and Address of Current Registered Agent

HURLEY, PAUL J
270 WESTFIELD COURT
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

N/A

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HURLEY, PAUL J	
STREET ADDRESS	270 WESTFIELD CRT	
CITY ST ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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CITY ST ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul J. (Pete) Hurley

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

1/19/07

Date

321-254-0592

Daytime Phone #