

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000037038**

1. Entity Name  
**HODGECO FINANCIAL, LLC**



Principal Place of Business  
**20991 NORTHEAST HIGHWAY 27  
WILLISTON, FL 32696 US**

Mailing Address  
**20991 NORTHEAST HIGHWAY 27  
WILLISTON, FL 32696 US**



03072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1168583**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHAMBERLAIN, STEVEN M  
618 NE 1ST STREET  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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 of Registered Agent required when changing

NOTE: Registered Agent signature required when changing

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>MGR<br/>HODGE, EDWARD C SR.<br/>4351 NORTHEAST 176TH AVENUE<br/>WILLISTON, FL 32696</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |

U000000532606  
05/06/06-80091-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4/24/06**

Date

Day/1st Print Name