

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041939**

1. Entity Name  
HITEK TRUSS, LLC



Principal Place of Business  
9124 GALLUP CIRCLE  
SPRING HILL, FL 34609

Mailing Address  
9124 GALLUP CIRCLE  
SPRING HILL, FL 34609



03102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1209465

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required.

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

PASTORE, JOSEPH  
9124 GALLUP CIRCLE  
SPRING HILL, FL 34609

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000872774  
04/10/08-80048-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PASTORE, JOSEPH
STREET ADDRESS	9124 GALLUP CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	MGR
NAME	EATON, ROBERT D TRUSTEE
STREET ADDRESS	7343 JOMEL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	MGR
NAME	MAZZUCO, JOSEPH JR
STREET ADDRESS	10373 RAMBLE RIDGE CT
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	MGR
NAME	GLOVER, STUART R TRUSTEE
STREET ADDRESS	7501 JOMEL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607

**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

Date

Daytime Phone #

3/10/08 279-7525

(352)