

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 040 ***143.75

DOCUMENT # L04000079900

1. Entity Name
HODES, LLC



Principal Place of Business
**9804 BAY VISTA ESTATES BLVD.
ORLANDO, FL 32836 US**

Mailing Address
**9804 BAY VISTA ESTATES BLVD.
ORLANDO, FL 32836 US**

60009885



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
54-2166635

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODAK, JOHN C
9804 BAY VISTA ESTATES BLVD.
ORLANDO, FL 32836**

Name

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HODAK, JOHN C
STREET ADDRESS 9804 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HODAK, VANESSA F
STREET ADDRESS 9804 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HODAK, GARY W
STREET ADDRESS 12 TAPPAN ZEE LANE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HODAK, KATHLEEN M
STREET ADDRESS 12 TAPPAN ZEE LANE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☒ Change ☐ Addition
NAME *Mgr Hodak Kathleen M*
STREET ADDRESS *1230 Lamp Lighter Way*
CITY-ST-ZIP *Orlando, FL 32818*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 606, Florida Statutes.

SIGNATURE: *Kathleen M. Hodak* **Kathleen M. Hodak**

2-18-08 407-461-7115

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

Date

Daytime Phone #