2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90021 031 ****50.00

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1. Entity Name
GERALD JAY HOPPA LLC

2!

300092250

Principal Place of Business
1408 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

Mailing Address
1408 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

04212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1408 TENNESSEE AVE	1408 TENNESSEE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LYNN HAVEN FL	City & State: LYNN HAVEN FL
Zip 32444 Country BAY	Zip 32444 Country BAY

4. FEI Number 14-1930589 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOPPA, GERALD JAY
1408 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name GERALD JAY HOPPA
Street Address (P.O. Box Number is Not Acceptable)
1408 TENNESSEE AVE
City LYNN HAVEN FL Zip Code 32444

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] 06-06-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOPPA, GERALD JAY 1408 TENNESSEE AVENUE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gerald Jay Hoppa 042905 850 271-9965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #