

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000004503

1. Entity Name
HOLEON MANAGEMENT, LLC



Principal Place of Business
**1574 VISCAYA DRIVE
PORT CHARLOTTE, FL 33952**

Mailing Address
**1574 VISCAYA DRIVE
PORT CHARLOTTE, FL 33952**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2158650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEROY, H. JAMES
1574 VISCAYA DRIVE
PORT CHARLOTTE, FL 33952**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LEROY, H. JAMES
1574 VISCAYA DRIVE
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LYON, GREGORY P
8284 HARBORSIDE CIRCLE
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HOBBY, MICHAEL J
6 PEBBLE BEACH RD.
ROTONDA WEST, FL 33947**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000803186
02/05/08-80012-024 138.75

**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 #

1/24/08 941-268-3635