

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90151 025 ****50.00

DOCUMENT # L05000034591

1. Entity Name
H & T COMMERCIAL SERVICES, LLC



Principal Place of Business
9471 BAYMEADOWS ROAD, SUITE 301
JACKSONVILLE, FL 32256 US

Mailing Address
9471 BAYMEADOWS ROAD, SUITE 301
JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #
9310 Old Kings Road

3. Mailing Address
9310 Old Kings Rd

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32257 Duval

Zip Country
32257 Duval



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2652557

Applied For
Not Applicable

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

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
THOMPSON, ARNET LEE JR.
9471 BAYMEADOWS ROAD, SUITE 301
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Thompson, Arnet Lee Jr.
9310 Old Kings Rd suite 1001
Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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: Arnet L. Thompson Jr. V.P. 4/30/07 904.419.1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #