

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041903

**Entity Name:** HOLLI PROPERTIES, L.L.C.

**FILED**  
**May 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4451 S.E. COUNTY ROAD 760  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

4451 S.E. COUNTY ROAD 760  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 20-2764567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLINGSWORTH, THOMAS N  
4451 S.E. COUNTY ROAD 760  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MR  
**Name:** HOLLINGSWORTH, THOMAS N  
**Address:** 4451 S.E. COUNTY ROAD 760  
**City-St-Zip:** ARCADIA, FL 34266

**Title:** MR  
**Name:** HOLLINGSWORTH, ADAM P  
**Address:** 4451 SE CR 760  
**City-St-Zip:** ARCADIA, FL 34266

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** A PERRY HOLLINGSWORTH

MR

05/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date