

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045343

Entity Name: HILARCO LLC

FILED
Apr 05, 2008
Secretary of State

Current Principal Place of Business:

5212 E SERENA DR
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

5212 E SERENA DR
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 14-1929129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IPPOLITO, ILARIA
5212 E SERENA DR
TAMPA, FL 33617 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: MGR () Delete
Name: IPPOLITO, ILARIA
Address: 5212 E SERENA DR
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM () Delete
Name: IPPOLITO, ILARIA
Address: 5212 E SERENA DR
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM () Delete
Name: IPPOLITO, PIETRO A
Address: 20423 AYERS RD
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: MGRM () Delete
Name: IPPOLITO-CRAVEN, FRANCESCA A
Address: 9573 BAY DR.
City-St-Zip: SURFSIDE, FL 33154 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ILARIA IPPOLITO

RA

04/05/2008

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