# FIL ED

2006 LIMITED LIABILITY COMPA	Jan 23, 2006 8:00 an Secretary of State		
OCUMENT # L05000051767		01-23-2006 90226 045 ****50.00	

1. Entity Nam	ne	# L05000051 PINGS, LLC	767	,			01-23-2006 9	90226 04	15 ****5(	0.00
Principal Plac 910 HIGHWA DESTIN, FL	Y 98 EAST		Mailing Address 2201 ARLINGTON AVEN BIRMINGHAM, AL 3520		JTH		<b>4</b> 000	J415.	L	
2. Principal P	Place of Busine	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01102006	Chg-LLC	CR2E08	33 (11/05)	
City & State	e		City & State			4. FEI Numbe	893153		<u> </u>	plied For t Applicable
Zip		Country	Zip	Coun	try		of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New Re	gistered A	gent	
WILLIAMS 910 HIGH	WAY 98 EA				Name Street Address (	P.O. Box Numbe	er is Not Acceptable)	ı		
DESTIN, F	-L 32541									
		.,			City			FL	Zip Code	9
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	register	ed office or register	ed agent, or both	h, in the State of Flor	ida. Iam fa	amiliar with,	and accept
SIGNATURE	Signature, typed o	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE	•	
		<del> </del>							<del></del>	
Fi Di	iling Fee is ue by May	s \$50.00 1, 2006						check pa Departme	yable to nt of State	•
9		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/0	CHANGES	··· · · · · -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 ARLI	, ROBERT G JR. NGTON AVENUE SOU IAM, AL 35205	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				, ,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E ET ADDRESS				Change	☐ Addition
11. I hereby o	Lertify that the on this report billity compan	information supplied with is true and accurate and t y or the receiver or trustee	this filing does not qualify for hat my signature shall have t empowered to execute this	the exe	-ST-ZIP mptions contained a legal effect as if m required by Chapt	in Chapter 119, F nade under oath; ter 608, Florida S	Florida Statutes. I fur that I am a managii statutes.	ther certify ng member	that the info	rmation r of the

SIGNATURE:

SIGNATURE:

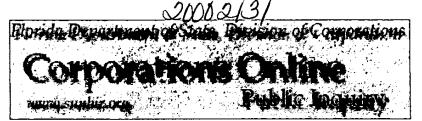
SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Design Desig





## Florida Limited Liability

#### HOPEKATE HOLDINGS, LLC

#### PRINCIPAL ADDRESS 910 HIGHWAY 98 EAST DESTIN FL 32541

#### MAILING ADDRESS 2201 ARLINGTON AVENUE SOUTH BIRMINGHAM AL 35205

Document Number L05000051767

FEI Number NONE **Date Filed** 05/24/2005

State FL Status ACTIVE Effective Date 05/24/2005

Total Contribution

## Registered Agent

#### Name & Address

WILLIAMS, MARTIN H 910 HIGHWAY 98 EAST DESTIN FL 32541

## Manager/Member Detail

Name & Address	Title
METHVIN, ROBERT G JR. 2201 ARLINGTON AVENUE SOUTH	MGRM
BIRMINGHAM AL 35205	

### **Annual Reports**

Report Year	Filed Date

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