

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000054261

1. Entity Name
HW PENINSULA, LLC



Principal Place of Business
**115 E. GRANADA BLVD.
SUITE 12
ORMOND BEACH, FL 32176**

Mailing Address
**115 E. GRANADA BLVD.
SUITE 12
ORMOND BEACH, FL 32176**



04292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1118447

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROTTY, MICHAEL D
1800 W. INTERNATIONAL SPEEDWAY BLVD.
BUILDING 2, SUITE 201
DAYTONA BEACH, FL 32114**

**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**

**U000000341894
05/28/08-80122-025 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HILLMAN, ROBERT L
STREET ADDRESS	115 E. GRANADA BLVD., SUITE 12
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	WILSON, TYREE F
STREET ADDRESS	115 E. GRANADA BLVD., SUITE 12
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4-26-08 386-622-7842

Date

Daytime Phone #