

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90133 012 \*\*\*138.75

**DOCUMENT # L05000057644**

1. Entity Name  
HCZ HOLDINGS, LLC



Principal Place of Business  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112

Mailing Address  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112

60010265



01212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3029769

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TREISER, RICHARD M  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TREISER, RICHARD M
STREET ADDRESS	3080 TAMiami TRL E.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGRM
NAME	COLLINS, THOMAS A II
STREET ADDRESS	3080 TAMiami TRL E.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGRM
NAME	VERNON, CHRISTOPHRE T
STREET ADDRESS	3080 TAMiami TRL E.
CITY-ST-ZIP	NAPLES, FL 34112
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

Date

Daytime Phone #

2/15/08 (239) 649-4900