

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073302

1. Entity Name
HARDCO ALLIANCE LLC



Principal Place of Business
**15373 NORTHWEST 1ST STREET
PEMBROKE PINES, FL 33028**

Mailing Address
**15373 NORTHWEST 1ST STREET
PEMBROKE PINES, FL 33028**



08152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3822059

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000772435
08/20/07-80003-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HALL, HECTOR M
STREET ADDRESS	15373 NORTHWEST 1ST STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGR
NAME	HALL, RUTH M
STREET ADDRESS	15373 NORTHWEST 1ST STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
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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:

Hector Hall (HECTOR HALL)

8-15-07

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

Date

Daytime Phone #