


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90048 026 ***138.75

DOCUMENT # L05000079609					
1. Entity Name 5618 HILLMAN DRIVE, LLC					
Principal Place of Business 4646 ALGONQUIN AVENUE JACKSONVILLE FL 32210			Mailing Address 4646 ALGONQUIN AVENUE JACKSONVILLE FL 32210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2512681	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIDY, CAROL T 4646 ALGONQUIN AVENUE JACKSONVILLE FL 32210			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Carol T Cassidy</i>		(NOTE Registered Agent Signature Required when reinstating)		DATE <i>8-25-08</i>	
			FILE NOW!!! FEE IS \$538.75		S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/>
Make Check Payable to Florida Department of State			Due By September 3, 2008		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSIDY, CAROL T	NAME			
STREET ADDRESS	4646 ALGONQUIN AVENUE	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32210	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

50009775
605000079609

Carol T. Cassidy
4646 Algonquin Ave., Jacksonville, FL 32210

Re: FEI Number 20-2512681

My request for annual
report by mail did not
reach this office in
time to avoid late fee.

Enclosed is \$138.75 as
directed by your office,
8-25-08

Sincerely,

Carol Cassidy, MGRM
5618 Hillman Dr LLC