

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 18 PM 4:13

DOCUMENT # L05000081157

1. Entity Name
HALIA HOLDINGS, LLC



Principal Place of Business
1190 WAHOO CT.
NAPLES, FL 34102

Mailing Address
1190 WAHOO CT.
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2089163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RHODES, MARGARET J
1190 WAHOO CT.
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
PHILIP O. RHODES

Street Address (P.O. Box Number is Not Acceptable)

1190 WAHOO COURT

City
NAPLES

FL 34102

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 fee if applicable

PHILIP O. RHODES

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/2007

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RHODES, MARGARET J
1190 WAHOO COURT
NAPLES, FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILIP O. RHODES
1190 WAHOO COURT
NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Margaret J. Rhodes

MARGARET J. RHODES

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

7/6/07

Date

417-8883

Daytime Phone #