

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000081996	
1. Entity Name HYDRAULIC HOSE OF HILLSBOROUGH LLC	

Principal Place of Business 2602 E. 7TH AVENUE TAMPA FL 33605	Mailing Address 2602 E. 7TH AVENUE TAMPA FL 33605
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04302008 No Org-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3620801	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DRAKE, J. KEVIN ESQ DOOLEY & DRAKE, P.A. 1432 FIRST ST SARASOTA, FL 34238	DO NOT WRITE IN THIS SPACE
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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 their appointee (NOT: Registered Agent signature required when representing)) DATE _____

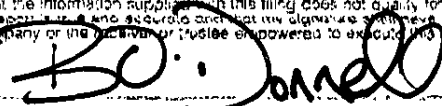
FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DONNELL, BRIAN 7716 WEST MORELAND DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, ROBERT 7716 WEST MORELAND DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/03/08-80062-006 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied in 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 will have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the individual or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:  **5-1-08** **813-247-0139**
(Signature and typed or printed name of signing managing member or authorized representative)

NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	