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	Mailing Address
2602 E. 7TH AVENUE TAMPA, FL 33605	2602 E. 7TH AVENUE TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

04302008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3320601

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 34236

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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 _____ DATE
(Signature, if applicable, and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	O'DONNELL, BRIAN
STREET ADDRESS	7716 WESTMORELAND DR.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	MGRM
NAME	JACKSON, ROBERT
STREET ADDRESS	7716 WESTMORELAND DR.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000950251
06/03/08-80062-006 138.75

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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 dissolved limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: B.O'Donnell 5-1-08 813-247-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #