

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000087838**

1. Entity Name  
HR & T LLC



Principal Place of Business  
71 MARKET ST.  
APALACHICOLA, FL 32320

Mailing Address  
71 MARKET ST.  
APALACHICOLA, FL 32320



04132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3444334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAY-HUTCHINSON, TAMMIE L  
71 MARKET ST.  
APALACHICOLA, FL 32320

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME RAY-HUTCHINSON, TAMMIE L  
STREET ADDRESS 71 MARKET ST.  
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE MGRM  
NAME SPOHRER, HELEN T  
STREET ADDRESS 71 MARKET ST.  
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE MGRM  
NAME DRYE, ROSE  
STREET ADDRESS 71 MARKET ST.  
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000709734  
04/25/07-80017-001 50.00

**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:**

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

Date

Daytime Phone #

04-13-07 850.653.2355