

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100021

Entity Name: WILLARD HURLEY, LLC

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

517 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10007  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 27-0131792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLARD, MATTHEW R  
517 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLARD, MATTHEW R  
Address: P.O. BOX 10007  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGR  
Name: HURLEY, LISA M  
Address: P.O. BOX 10007  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW R. WILLARD

MGRM

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date