

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000101000

1. Entity Name
H.J. HOLDINGS, L.L.C.



Principal Place of Business

5529 SW 1ST LANE
OCALA, FL 34474

Mailing Address

5529 SW 1ST LANE
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-3708953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEK, DAVID H
501 RIVERSIDE STE 601
JACKSONVILLE, FL 32202

**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 _____

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

U000000937232

05/27/08-80042-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CASPER, HANNAH M
STREET ADDRESS 5529 SW 1ST LANE
CITY-ST-ZIP OCALA, FL 34474

TITLE MGR
NAME MOORE, JULIA R
STREET ADDRESS 5529 SW 1ST LANE
CITY-ST-ZIP OCALA, FL 34474

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

**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

Julia R Moore

4/25/08

Date

(852) 873-1441

Daytime Phone #