

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

pd ck 2192
FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106234

1. Entity Name
HALLOWES BUSINESS FORMS, LLC



Principal Place of Business
**4627 LONG BOW ROAD SOUTH
JACKSONVILLE, FL 32210**

Mailing Address
**4627 LONG BOW ROAD SOUTH
JACKSONVILLE, FL 32210**



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3793194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALLOWES, WILLIAM C
4627 LONG BOW ROAD SOUTH
JACKSONVILLE, FL 32210**

**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	HALLOWES, WILLIAM C
STREET ADDRESS	4627 LONG BOW ROAD SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	HALLOWES, MARTHA H
STREET ADDRESS	4627 LONG BOW ROAD SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
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**

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05/30/07-80049-001 50.00

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

2/23/07

Date

904-635-7641

Daytime Phone #

WILLIAM C. HALLOWES