2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000111608

HEWITT CUSTOM SERVICES, LLC



Principal Place of Business

6219 NW 20 STREET BELL, FL 32619

Mailing Address

PO BOX 266 BELL, FL 32619

FILED Mar 31, 2008 08:00 A Secretary of State



03062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMTT, JOE H **6219 NW 20 STREET** BELL, FL 32619

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

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ine obliga	dons of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and trie if applicable.	(NOTE: Registered Agent signature required when re-natating)	DATE		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	(construction of the second of	20000000000000000000000000000000000000		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM HEWITT, JOE H 6219 NW 20 STREET BELL, FL 32619		04711708-20004-021	136. (b	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO 1	NOT WRITE	: , :	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this fund 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 supplied 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 employees to execute this report as required by Chapter 608. Florida Statutes.

MANAGING MEMBER, OR AUTHO

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