

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 045 *****50.00

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01092007 Chg-LLC CR2E083 (12/06)

4. FFI Number: 20-3837970
Applied For: Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000113322
1. Entity Name
HUTCO LLC



Principal Place of Business: 2415 COUNTRY CLUB DR, LYNN HAVEN, FL 32444
Mailing Address: P.O. BOX 2550, PANAMA CITY, FL 32402

2. Principal Place of Business No P.O. Box #
Suite, Apt #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

6. Name and Address of Current Registered Agent
HUTT, JOHN B JR
2415 COUNTRY CLUB DR
LYNN HAVEN, FL FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 on all amendments) DATE:

Filing Fee is \$50.00 Due by May 1, 2007
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HUTT, MARY F 2415 COUNTRY CLUB DR LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HUTT, JOHN B III 1413 COUNTRY CLUB DR LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John B. Hutt, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 1-18-07 Daytime Phone #: 850-769-4888

JOHN B. HUTT, JR.