

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90352 014 ****50.00

DOCUMENT # L05000113994

1. Entity Name
HULION CONSTRUCTION LLC



Principal Place of Business
3137 WINSTEAD COVE
CRESTVIEW, FL 32539

Mailing Address
3137 WINSTEAD COVE
CRESTVIEW, FL 32539

60037213



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

6074 OLD HICKORY Rd.

Suite, Apt. #, etc.

6074 OLD HICKORY Rd.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32539

Country

USA

Zip

32539

Country

USA

04132007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULION, SHAWN
3137 WINSTEAD COVE
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6074 OLD HICKORY Rd.

City

CRESTVIEW

FL

Zip Code

32539

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

Shawn Hulion

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

4-14-07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HULION, SHAWN ☐ Delete
STREET ADDRESS 3137 WINSTEAD COVE
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE MGRM ☐ Delete
NAME HULION, SHANE
STREET ADDRESS 3137 WINSTEAD COVE
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6074 OLD HICKORY Rd.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shawn Hulion

SHAWN HULION
MANAGER

4-14-07

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE