

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90340 049 ****50.00

60036626



01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000002292

1. Entity Name
MITCHELL HUNGERFORD, LLC



Principal Place of Business
3034 SIR HAMILTON CIR.
TITUSVILLE, FL 32780

Mailing Address
3034 SIR HAMILTON CIR.
TITUSVILLE, FL 32780

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

2616 N. PACER LN

Suite, Apt. #, etc.

3. Mailing Address

2616 N. PACER LN

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

COCOA FL

Zip

32926

Country

USA

Zip

32926

Country

USA

4. FEI Number

16-1752609

Applied For

Not Applicab

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, DONNA S
3034 SIR HAMILTON CIR.
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name MITCHELL DONNA S

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

NEW ADDRESS 2616 N. PACER LN

City COCOA

FL

Zip Code 32926

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

Donna S. Mitchell

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/6/06
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 MITCHELL, DONNA S
STREET ADDRESS 3034 SIR HAMILTON CIR.
CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Delete

TITLE MGRM
NAME HUNGERFORD, DENSIE S
STREET ADDRESS 1807 HENSLEY DR.
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MITCHELL, DONNA S
STREET ADDRESS 2616 N. PACER LN
CITY-ST-ZIP COCOA FL 32926 ☒ Change ☐ Addit

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

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

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

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

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

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.

Donna S. Mitchell

4/6/07