## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000005181



## **FILED** Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90366 033 \*\*\*\*50.00

Principal Place of Business   237 MESTMONTE DR   277 MESTMONTE DR	1. Entity Name HOGSHE	e AD INDUSTRIAL, LLC		(							
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CR2EB3 (12706)	237 WESTMO	INTE DR.	237 WESTMONTE DR.			0 T O O Z M					
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City	2. Principal Pl.	ace of Business - No P.O. Box #	3. Mailing Address								
Country   Zip   Country   Zip   Country   S. Certificates of Status Desired   S. Sta	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		01112007	Chg-LLC	CR2E083 (1	2/06)			
S. Certificate of Status Desired   S. Certificate of Status Desired	City & State	3	City & State				3				
Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2007  MANAGING MEMBERS /MANAGERS  10. ADDITIONS/CHANGES  9. THE MANAGING MEMBERS /MANAGERS  10. ADDITIONS/CHANGES  10. ADDIT	Zip	Country Zip Cou		Country	y 	Fee Required					
SMALLEY_JERRY M 237 WESTMONTE DR ALTAMONTE SPRINGS, FL 32714  8. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the purpose of the obligations of registered agent, or both, in the State of Florida Department of State		6. Name and Address of Current			Name	7. Name and	Address of New R	egistered Agent			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ricida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2007  P. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE	237 WEST	MONTE DR.	Street Address (		P.O. Box Numbe	er is Not Acceptable	e)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu					City			FL Z	ip Code	,	
Filling Fee is \$50.00 Due by May 1, 2007  S. MANAGING MEMBERS / MANAGERS  ITILE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-	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										
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE	SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBERS/MANAGERS 10				<u> </u>	ADDITIONS/				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	JMalley, Jerry 237 S. Westmonte ALTAMONTE JORIA	DR.  245. FL 32714	NAME STREET CITY-S	<b>I</b>			<u>.</u> (	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE   Delete   TITLE   NAME STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Addition NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Addition NAME   STREET ADDRESS   STREET	NAME Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	name Street					Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delate	name Street	ĺ				Change	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	NAME STREET ADDRESS CITY-ST-ZIP	positive that the information as a self-		NAME STREET CITY-S	ST-ZUP	in Chanter 112	Elorido Cratina 11				

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

407-774-0101

Date