2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-23-2007 90363 040 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000015464

1. Entity Name
RETLAW -HERCULES, LLC

Principal Place of Business	Mailing Address
C/O J. PAUL RAYMOND 625 COURT STREET STE 200 CLEARWATER FL 33756	C/O J. PAUL RAYMOND 625 COURT STREET STE 200 CLEARWATER FL 33756

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	800 SNUG ISLAND
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CLEARWATER, FL
Zip / Country	Zip: 33767 Country: USA

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

~~RAYMOND, J. PAUL~~
625 COURT STREET STE 200
CLEARWATER FL 33756

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 when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RETLAW LIMITED PARTNERSHIP 59-3446374 625 COURT STREET COURT CLEARWATER FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Harvey Gorther Manager 4/11/07 727 461 6919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #