2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

2000

DOCUMENT # L06000017183 1. Entity Name MICHELE S. HUDSON, LLC				01-26-2007 90077 004 ****50.00				
Principal Place	e of Business	Mailing Address		ີ່ ງ	000294	17		
752 EAGLE POINT DRIVE ST. AUGUSTINE, FL 32092		752 EAGLE POINT DRIVE St. Augustine, FL 32092			.00000	••		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 42 - 14	9277	<i>-</i> → → →	plied For t Applicable	
Zip	Country Zip Co		Country	5. Certificate of	Status Desired	\$5.00 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	Idress of New R			
			Name					
SAFFELL HUDSON, MICHELE 752 EAGLE POINT DRIVE ST. AUGUSTINE, FL 32092			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
								
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		registered office or regist		n the State of Flo	orida. I am familiar with,	and accept	
Filing Fee is \$50.00 Due by May 1, 2007						se check payable to a Department of State	•	
9.	MANAGING MEMBE	L RS/MANAGERS	10.	I.	ADDITIONS	/CHANGES		
TITLE	MGR	☐ Detete	TITLE			☐ Change	Addition	
NAME	SAFFELL HUDSON, MICHELE		NAME				ſ	
STREET ADDRESS CITY-ST-ZIP	752 EAGLE POINT DRIVE ST. AUGUSTINE, FL 32092						1	
TITLE			STREET ADDRESS				į	
NAME	31. A00031114L, 7 L 32032	□ Daleta	City-St-ZIP			☐ Channe	□ Addition	
IWUNC	37. A0003114E, 7E 32032	☐ Delete				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	31. A00031INL, 7 L 32032	□ Delete	CITY-S1-ZIP			☐ Change	Addition	
STREET ADDRESS	31. A03031INL, 7 E 32032	☐ Oelete	CITY-SI-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
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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: Muchul S Budson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1-18-07 904-819-0925