

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 010 ***138.75

DOCUMENT # L06000020740					
1. Entity Name MARCELLA A HILL LLC					
Principal Place of Business 15515 CEDARWOOD DR. NAPLES, FL 34110 US			Mailing Address 15515 CEDARWOOD DR. NAPLES, FL 34110 US		
2. Principal Place of Business - No P.O. Box # 15515 Cedarwood Ln		3. Mailing Address 15515 Cedarwood Ln			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201		01142008 Chg-LLC CR2E083 (12/06)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-4907095	
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, MARCELLA A 15515 CEDARWOOD DR. NAPLES, FL 34110			7. Name and Address of New Registered Agent -		
			Name Hill, Marcella A		
			Street Address (P.O. Box Number is Not Acceptable) 15515 Cedarwood Ln #201		
			City Naples		
			State FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HILL, MARCELLA A 15515 CEDARWOOD DR. NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	15515 Cedarwood Ln #201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marcella A Hill</i>			2/15/08 239-289-0027		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		