


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90006 008 \*\*\*138.75

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<b>DOCUMENT # L06000029544</b>			
1. Entity Name HICKS SEAL COATING AND STRIPING, L.L.C.			
Principal Place of Business <del>5610 SW CR 313</del> TRENTON, FL 32693		Mailing Address 5610 SW CR 313 TRENTON, FL 32693	
2. Principal Place of Business - No P.O. Box # 6758 SW CR 344		3. Mailing Address 6758 SW CR 344	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bell, FL		City & State Bell, FL	
Zip 32619	Country	Zip 32619	Country
4. FEI Number 20-4553050		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKS, RONALD A 5610 SW CR 313 TRENTON, FL 32693		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6758 SW CR 344 City Bell FL Zip Code 32619	
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: <i>Ronald A. Hicks</i> DATE: 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, RONALD A 5610 SW CR 313 TRENTON, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hicks, Ronald A. 6758 SW CR 344 Bell, FL 32619 <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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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
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>Ronald A. Hicks</i>		Date: 4/30/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	