

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038627

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: HOLLINGSWORTH HILLS, L.L.C.

**Current Principal Place of Business:**

408 E. BELMAR STREET  
OFFICE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

615 E. PARK STREET  
LAKELAND, FL 33803

**New Mailing Address:**

6233 MELLO LN  
LAKELAND, FL 33813

FEI Number: 13-4331526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, RONALD A  
615 E. PARK STREET  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

POWELL, RONALD A  
6233 MELLO LN  
LAKELAND, FL 33813 US

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.

SIGNATURE:

02/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POWELL, RONALD A  
Address: 615 E. PARK STREET  
City-St-Zip: LAKELAND, FL 33803

Title: MGR ( ) Delete  
Name: POWELL, CHRISTINE D  
Address: 615 E. PARK STREET  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POWELL, RONALD A  
Address: 6233 MELLO LN  
City-St-Zip: LAKELAND, FL 33813

Title: MGR (X) Change ( ) Addition  
Name: POWELL, CHRISTINE D  
Address: 6233 MELLO LN  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINE POWELL

MGR

02/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date