

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048067

FILED
Jan 30, 2008
Secretary of State

Entity Name: HOOVER FAMILY, LLC

Current Principal Place of Business:

1806 BELLA LAGO LANE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1806 BELLA LAGO LANE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 20-4975291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, VIN
1806 BELLA LAGO LANE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOOVER, VIN
Address: 1806 BELLA LAGO LANE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: HOOVER, TONI
Address: 1806 BELLA LAGO LANE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: HOOVER, KATTY
Address: 3220 WEST SAN PEDRO STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: HUTTON, ALLISON
Address: 4001 CARROLLWOOD PALM CT.
City-St-Zip: TAMPA, FL 33624

Title: MGR () Delete
Name: HOOVER, BRAM
Address: 15014 MAGNOLIA BLVD # 6
City-St-Zip: SHERMAN OAKS, CA 91403

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIN HOOVER

MGMR

01/30/2008

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