2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053050



04-30-2007 90178 001 ***200.00

Apr 30, 2007 8:00 am Secretary of State

FILED

1. Entity Name HUSSEY & HUSSEY, LLC

Principal Place of Business 3968 TANGLE DR. TITUSVILLE, FL 32796

CITY-ST-ZIP

Mailing Address 3968 TANGLE DR. TITUSVILLE, FL 32796

IOBIIDH DH ABIID BIIT	uğili üğili ba lıl		

30006099

				<u> </u>	CO JN Obini Crim Edili Ciios (ii	 		
2. Principal Place of Business - No P.O. Box # 3. Mailing Addres		3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007 Chg	-LLC CR2E08	33 (12/06)		
City & State		City & State		4. FEI Number		k 1	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu		\$5.00 Add	itional	
	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Addres	s of New Registered A	•	•	
			Name		· · · · · · · · · · · · · · · · · · ·			
HUSSEY, JANICE 3968 TANGLE DR. TITUSVILLE, FL 32796		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Codi)	
	named entity submits this statement ons of registered agent.	for the purpose of changing its	s registered office or regis	stered agent, or both, in the	State of Florida. I am f	amiliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered age	(NOT	TE: Registered Agent signature regi	sired when reinstatural	DATE			
	экришина, курео от ричкой палне от годисте о аде	in Bid the inapplication (NO)	rc. neglalited regard signature req	Gred Wild Forestating/	- DATE			
Filing Fee is \$50.00 Due by May 1, 2007				Make check pa Florida Departme		1		
9.	MANAGING MEMI	BERS/MANAGERS	10.		DDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE	<u>.</u>		Change	Addition	
NAME	HUSSEY, JANICE		NAME					
STREET ADDRESS	3968 TANGLE DR.		STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP					
TITLE		☐ Delete	TILE		•	☐ Change	Addition	
		Lu Delete						
NAME								
NAME STREET ADDRESS			NAME STREET ADDRESS					
			NAME					
STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u>. </u>		☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS			☐ Change		

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.

CITY-ST-ZIP

SIGNATURE: OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESEN