## 2007 LIMITED LIABILITY COMPANY

## Mar 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000072282 03-16-2007 90154 036 \*\*\*\*50.00 1. Entity Name HRL SERVICES, LLC Principal Place of Business Mailing Address 1069 MAIN STREET 1069 MAIN STREET SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Cha-LLC CR2E083 (12/06) 4. FEI Number 20-5265493 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .... 6. Name and Address of Current Registered Agent LULICH, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 1069 MAIN STREET SEBASTIAN, FL 32958 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. **PMGR** ☐ Change ☐ Addition TITLE TITI F ☐ Delete LULICH, STEVEN R NAME 1069 MAIN STREET STREET ADDRESS STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE AUER, MATT NAME 3985 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MICCO, FL 32958 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MURDOCK, CHRISTIAN A NAME **4650 84TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WABASSO, FL 23970 ☐ Delete TITLE ☐ Change Addition TIT) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED**